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7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012
4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777

15330 Canal Bank Road, N.E. Lemont, IL 60439
(630) 739-1151 ILD085349264
ii D085349264

☐ 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555

4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890

$\Box$	5400 N. Detroit Ave.
Ь	Toledo, OH 43611
	(419) 476-0942
	OHD005045992

☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537

☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402

4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

EPA ID NUMBER:

ILD000802827

Wastestream:

PCB Contaminated Building Debris

Disposal Method:

Landfilled

Disposal Date:

02-Jun-10

**HES Transaction Number:** 

2324390

Manifest:

Net Kg:

000338963WAS

19,491



## Heritage Environmental Service LLC, Landfill Roachdale, IN

Date//_Uni	# JG 647-14
Job#	
Manifest #	
Scale Tio	eket
Gross 07:22AM 02JUN10	76220 lb

33340 lb

Tare 09:44AM 02JUN10



## Heritage Environmental Service LLC, Landfill Roachdale, IN

Date//Unid	# JG 647-14
Job#	
Manifest #	
Scale Tio	ket
Gross 07:22AM 02JUN10	76220 lb

33340 lb

Tare 09:44AM 02JUN10 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4. Manifest Tracking Number UNIFORM HAZARDOUS 1. Generator ID Number 2. Page 1 of 3. Emergency Response Phone 000338961WAS **WASTE MANIFEST** (900) 324-1221 Generator's Site Address (if different than mailing address) 11.0000302827 5. Generator's Name and Mailing Address USEPA REGION 5 / KEVIM ADLER DO E. SEAMORSE DRIVE WAUKEGAN, IL 60085 GEN: 125083 SULTRAC / TOM HAHNE 1 S. WACHER DAIVE, SULTE 3700 CHICADO, IL 405040 7020 (312)886-7079 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number TMD042534875 JACK GRAY TRANSPORT: INCORPORATED 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number HERITASE ENVIRONMENTAL SERVICES LLC 4370 W. COUNTY FOAD 1275 N. PGACHDALE, IN 46172 tys Phone: (765)435-2704 (MD086563696 10. Containers 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 11. Total 12. Unit 9a. 13. Waste Codes and Packing Group (if any)) Wt./Vol. НМ Quantity No. Туре GENERATOR ROLUMBABE POLYCHLOFINATED BIFMENILS. UT SOLID P.POITT (PCB PEMEDIATION WASTE 18664 Q6210 14, Special Handling Instructions and Additional Information W 18664KS (4106db) Trock 35 1.W3 0541113 T#2324388 OUT OF SERVICE DATE OS /OI/10 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPAAcknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Year AM 16. International Shipments Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials ANSPORTER Transporter 1 Printed/Typed Name Day Jose Pla Kamehala X ray in from a 56 110 110 Transporter 2 Printed/Typed Name TR/ 18. Discrepancy 18a. Discrepancy Indication Space Туре Partial Rejection Full Rejection \_\_\_ Ouantity Residue WRIGHT ADDED TO BUXII DUE TU GEMENTOR LEFT IT BLACK @ 6.2.10 U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: Month Day Year 딦 18c. Signature of Alternate Facility (or Generator) Ó 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) Hij 32 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signaturé Month Day Year EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete. **DESIGNATED FACILITY TO GENERATOR** 



$\Box$	7901 W. Morris St.
_	Indianapolis, IN 46231
	(317) 243-0811
	IND093219012

- 4132 Poinpano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777
- 15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264

- 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555
- 4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890
- 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992

- 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
- ☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402
- 4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

**EPA ID NUMBER:** 

ILD000802827

Wastestream:

PCB Contaminated Building Debris

Disposal Method:

Landfilled

Disposal Date:

02-Jun-10

**HES Transaction Number:** 

2324388

Manifest:

000338961WAS

Net Kg:

18,664



# Heritage Environmental Service LLC, Landfill Roachdale, IN

Job #	
Ma-16	
anifest #	UCC 338961 WAS

Scale Ticket

Gross 07:26AM 02JUN10

75760 lb

Table 35AM 02JUN10

34700 lb

print or type. (Form designed for use on elite (12-pitch) typewriter.)  NIFORM HAZARDOUS  1. Generator ID Number	2. Page 1 of	3. Emergency Response Pho	ine	4. Manifest Tra	0000	DAME	OHAS	
WASTE MANIFEST	-1-	Generator's Site Address (if d	fferent than	mailing address)	TISISI.	I COLOR	794115	
Generator's Name and Mailing Address		THECOM DECAM	W 5	A REVIN	ADLER			
- CLASSIC A YOM MARINE		ERA	14-	LICE A VA				
		MAUKEGAN BEN: 12508	L City	(NOC)				
enerator's Phone: Transporter 1 Company Name		145 for 1770 fee	1	U.S. EPA ID Nu	mber			
Transporter 1 Company Name					misded.	140		
Transporter 2 Company Name				U.S. EPA ID Nu		4.3.1		
Transporter 2 Company Name								_
22 November 2 Standards	-			U.S. EPA ID Nu	mber			
. Designated Facility Name and Site Address				19/00	180501	0.000		
HERITAGE ENVIRONMENTAL SERVICES ( 4370 W. COUNTY ROAD 1275 N.				1.000	15000	1027		
Facility's Phone:			_	1	10.11.11		20.00.00	
on U.S. DOT Description (including Proper Shipping Name, Hazard Class,	, ID Number,	10. Containe		11. Total Quantity	12. Unit Wt./Vol.	13. \	Vaste Codes	5
Oa. and Packing Group (if any))		No.	Туре	17694				
1			Vice.	84,854	K			-
PR UNSAGE POLYCHLORINGTED B	IPHEMYLS,		12.1	001000	(0)			
RE UNSHEE POLYCHLORINGTED B SOLID, 2, PGILL (PCB REMEDIATION 2 DEBREE), TRO = 1 LB), ERBEZZI	MESTE		_	OF 37-10				
2. UEBRIEF, UNU = 1 LBT, GROWLFT				@5.26.10	1		-	
								-
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3.		V.			1			
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4.				1	1			
					1	Y	1	
14. Special Handling Instructions and Additional Information  1. W.S. Q1540159 TR231E322  OUT OF SERVICE DATE OS / 2 6 / 2	contents of this consignm	ment are fully and accurately di		TOGGER	15.2	and are c	lacalisaci	ckaged,
1. W.3. U.5.40159 THZ31E322  OUT OF SERVICE UGTE OS / 2 6 / 1  15. GENERATOR'S/OFFEROR'S CERTIFICATION: Thereby declare that the	contents of this consignifications of the contents of the cont	knowledgment of Consent. y generator) or (b) (if I am a sn	scribed abo	ove by the proper s	15.2	e, and are c	lassified, par I am the Pri	
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7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	☐ 8523 NE 38* Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777	4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890	☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402
15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	4370 W. Co. Rd 1275 Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

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GENERATOR:

USEPA Region 5
90 E. Seahorse Drive
Waukegan, IL 60085
EPA ID NUMBER:

ILD000802827

Wastestream: PCB Contaminated Building Debris

Disposal Method: Landfilled

Disposal Date: 26-May-10

HES Transaction Number: 2318322

Manifest: Net Kg: 000326050WAS 17,694



## Heritage Environmental Service LLC, Landfill Roachdale, IN

Date	//_Unit	# 4148
Job #		
Manifest #	C100326	csowas

## Scale Ticket

Gross 02:50PM 26MAY10

73640 lb

Tare21PM 26MAY10

34120 lb

Section of the control of the contro
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100			1. Concrete ID Number	phony typownion,	12 Page 1 of	3. Emergency Response	Dhono	4. Manifest		mber
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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.

DESIGNATED FACILITY TO GENERATOR



7901 W. Morris St.
Indianapolis, IN 46231
(317) 243-0811
ÌND093219012

☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777

15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264 ☐ 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555

4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890

5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537

☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402

4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

**EPA ID NUMBER:** 

ILD000802827

Wastestream:

PCB Contaminated Building Debris

Disposal Method:

Landfilled

**Disposal Date:** 

26-May-10

**HES Transaction Number:** 

23183224

Manifest:

000326051WAS

Net Kg:

18,673



## Heritage Environmental Service LLC, Landfill Roachdale, IN

Date/_	/_Unit#_4146
Job #	
Manifest #_	OCC 326051WB

Scale Ticket

Gross

02:51PM 26MAY10

76400 lb

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790 Indi (317 IND	W. Morris   anapolis, IN  ) 243-0811  093219012	st. 46231
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☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777

15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555

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☐ 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992 ☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537

☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402

4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

### CERTIFICATE OF TREATMENT AND DISPOSAL

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**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

EPA ID NUMBER:

ILD000802827

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:

17-May-10

**HES Transaction Number:** 

2305020

Manifest:

000325769WAS

Net Kg:

4,545

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$\  \ $			or Operator: Certification of receipt of h	azardous materials covered			led in Item	18a/					
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7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537						
4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777	4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890	<ul> <li>5122 East Storey Rd.</li> <li>Coolidge, AZ 85228</li> <li>(520) 723-4167</li> <li>AZD081705402</li> </ul>						
15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	☐ 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	<ul> <li>4370 W. Co. Rd 1275 N</li> <li>Roachdale, IN 46172</li> <li>(765) 435-2704</li> <li>Subtitle D Landfill</li> </ul>						
CERTIFICATE	OF TREATMENT AND D	DISPOSAL						
THAT THE TRANSACTION DESCRI OR RECLAMATION AND/OR DIS	IVICES, LLC CERTIFIES AND ASSUBED BELOW, INCLUDING TREATME SPOSAL HAS BEEN HANDLED IN EDERAL LAWS AND REGULATIONS.	ENT AND/OR STORAGE AND/ N COMPLIANCE WITH ALL						
Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.								

**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

ILD000802827

Wastestream:

**EPA ID NUMBER:** 

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:

15-Apr-10

**HES Transaction Number:** 

2271690

Manifest:

000325328WAS

Net Kg: 1,800

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11			tion (including Proper Shipping N	ame, Hazard Class, ID Num	ber,	10. Contain	ers	11. Total	12. Unit	13 Was	te Codes
	9a. HM	and Packing Group (if	any))			No.	Туре	Quantity	Wt./Vol.		
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>	181	b. Alternate Facility (or Ge						U.S. EPA I	D Number		
DESIGNATED FACILITY	``		•								
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1	10	ic. Signature of Alternate i	admity (di Gonorator)								
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	20	). Designated Facility Owr	ner or Operator: Certification of re	eceipt of hazardous material	ls covered by the manifest	xcépt as noted in It	em 18a	<u> </u>		Mon	ith Day
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7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	☐ 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
☐ 4132 Pompano Road	4370 W. Co. Rd. 1275N	☐ 5122 East Storey Rd.
Charlotte, NC 28216	Roachdale, IN 46172	Coolidge, AZ 85228
(704) 392-6276	(765) 435-2704	(520) 723-4167
NCD121700777	IND980503890	AZD081705402
☐ 15330 Canal Bank Road, N.E.	☐ 5400 N. Detroit Ave.	4370 W. Co. Rd 1275 N
Lemont, IL 60439	Toledo, OH 43611	Roachdale, IN 46172
(630) 739-1151	(419) 476-0942	(765) 435-2704
ILD085349264	OHD005045992	Subtitle D Landfill

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

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GENERATOR:

USEPA Region 5
90 E. Seahorse Drive
Waukegan, IL 60085

ILD000802827

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:

15-Apr-10
2271692

Manifest:

000325329WAS

Net Kg: 1,800

RO 296

12:06:31 p.m.	03-31-2010	2 /5
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	5. Generator's Name and Meiling Address		Generalor's Site Address	s (if Unleren) thi	n mailing addre	VVI (56)	VORACOTMUD
	SULTRAC / TOM HAHNE 1 S. WACHER DRIVE, SUITE 3700 CHICAGO, IL 60606 Generalors Phone: (312)886-7078	ļ	UBEPA RE 90 E. SE WAUKEBAN GEN: 125	GION 5 AHORSE L IL 60	/ KEVI DRIVE		२
	6. Transporter i Company Hame	Transporter 1 Company Name					
***************************************	HERITAGE TRANSPORT, LLC 7. Transporter 2 Company Name		orthic distribution and a graph of the last of the las	-,, <u>,,,,,</u>	U.S. EPA ID	DiO524S/ Number	2114
-	8 Designated Foolity Name and Site Address	·			U.S. EPAID	Mumber	***************************************
***************************************	HERITAGE ENVIRONMENTAL SERVICES LLC 4370 W. EDUNTY ROAD 1275 N. ROACHDALE, IN 46172 Facilitys Phone: (765)435-2704					D98050:	3890
	9a. 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number and Packing Group (if any))	×.	10. Conta	iners Type	II. Total Quantity	12. Unit WI./Vol.	13 Waste Codes
GENERATOR -	R0,UN3432,POLYCHLORINATED BIPHEN SOLID,9,PGIII,(PCB REMEDIATION WAST ACCEPTOS),(R0 = 1 LB),ERO#171	YYLS, TE AND		CM	1591	K	
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	14. Special Handling Instructions and Additional Information			<del></del>	<del></del>	1	
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	OUT OF SERVICE DATE 63 / 15 / (0		£	20186	<b>&gt;</b>	(	709 kg (3760/b)
	15. GENERATOR SIDFFEROR'S CERTIFICATION: I hereby declare that the contents of the marked and tabeled/placarded, and are in all respects in proper condition for transport ac Exporter, I certify that the contents of this consignment conform to the terms of the attach I certify that the waste minimization statement identified in 40 GFR 262.27(a) (if I am a lar Generator's/Offeror's Printed/Typed Name	cording to applic red EPA Acknowl rge quantity gene	able international and nat edgment of Consent, erator) or (b) (d I am a smi	lichaf governme	ntal regulations	ipping name, a if export shipn	rd are classified, packaged, nent and I am the Primary
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1	18b. Atternate Facility (or Generator)	دو و چدوپور انتخابان شاه شده در در و چدو بانده با	Manifest Reference	Number:	U.S. EPA ID N	lumber	
4 1 77 14 16 16	Facility's Phone: 18c. Signature of Alternate Facility (or Generator)		the long to the state of the st			هيون و نيبيالمالية المنطقة المستو	Month Day Year
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-	H192			·			
	20. Designated Facility Owner or Operator. Certification of receipt of hazardous materials cover Printed Typed Name  Au  M  A  M		ist except as noted in Iten	181			Yorth Day Year
•		•					010110



	<b>4</b> · · · · · · · · · · · · · · · · · · ·	
7901 W. Morris St.	☐ 8523 NE 38 <sup>a</sup> Street	☐ 54 Avenue D
Indianapolis, IN 46231	Kansas City, MO 64161	Williston, VT 05495
(317) 243-0811	(816) 453-4321	(802) 860-1200
IND093219012	MOD981505555	VTD982766537
☐ 4132 Pompano Road	4370 W. Co. Rd. 1275N	☐ 5122 East Storey Rd.
Charlotte, NC 28216	Roachdale, IN 46172	Coolidge, AZ 85228
(704) 392-6276	(765) 435-2704	(520) 723-4167
NCD121700777	IND980503890	AZD081705402
15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	☐ 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	<ul> <li>4370 W. Co. Rd 1275 N</li> <li>Roachdale, IN 46172 (765) 435-2704</li> <li>Subtitle D Landfill</li> </ul>

#### CERTIFICATE OF TREATMENT AND DISPOSAL

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GENERATOR:

USEPA Region 5
90 E. Seahorse Drive
Waukegan, IL 60085
ILD000802827

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:
09-Apr-10
HES Transaction Number:
2256953

 Manifest:
 Net Kg:

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$\  \ $	5. Gei	nerator's Name and Maili					or's Site Address	(if different tha	an mailing addre				
		CHICAGO, IN	R DRIVE, SUIT L 80808	•		141	SEPA REC O E. SEA GUKEGAN,	. IL 60	ORIVE ORIVE	W ADLE	R		
Ш			<u>(312)886-7078</u>	;		U	EN: 1250	H35	U.S. EPA ID	Mumbor			
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	15.	GENERATOR'S/OFFER	OR'S CERTIFICATION: I her	eby declare that the cor	ntents of this co	nsignment are fully	and accurately de	scribed above	by the proper sl	nipping name	, and are classifie	d, packaged	d,
Ш		marked and labeled/place	arded, and are in all respects contents of this consignment	in proper condition for tr	ansport accordi	ng to applicable int PA Acknowledgmer	ernational and nati	ional governm	nental regulations	. If export sh	pment and I am t	ne Primary	
$\mathbf{H}$			nimization statement identifie					all quantity ge	nerator) is true.			. *	
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	20 D	esignated Facility Owner	or Operator: Certification of r	eceipt of hazardous mat	terials covered t	by the manifest exc	ept as noted in Iter	m 18a					
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7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	☐ 8523 NE 38 <sup>th</sup> Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777	4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890	☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402
15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	<ul> <li>4370 W. Co. Rd 1275 N</li> <li>Roachdale, IN 46172 (765) 435-2704</li> <li>Subtitle D Landfill</li> </ul>

#### CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/ OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

**USEPA Region 5 GENERATOR:** 90 E. Seahorse Drive Waukegan, IL 60085 ILD000802827 **EPA ID NUMBER:** PCB & Asbestos Contaminated Soil Wastestream: Landfilled Disposal Method: 09-Apr-10 Disposal Date: 2256951 **HES Transaction Number:** 

Manifest:

000325059WAS

Net Kg:

1,709

Stop Ticket

Stop#: 1169916-9019

Trip#: 845982

Pick-up: 03/30/10 - 03/30/10

Site#: 125083

Miles: 493

EPA ID#: ILD000802827 PO#: 325919

Internal Contact

JAY DRIGGERS (877)381-2341



Mailing Address

TOM HAHNE SULTRAC

1 S. WACHER DRIVE, SUITE 3700

HERITAGE TRANSPORT, LLC (8000) (317)486-2973

CHICAGO, IL 60606 UNITED STATES

Site Address

(None)

**UESEPA REGION 5** 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 UNITED STATES

Phone# (312)886-7078 ANDREW, DONNA - (317)390-3161

IND058484114	US DOT#: 314460							
Emergency Rate	Pickup Demurrage	Fin	nal Delivery Den	nurrage_				
Tractor# 2425		Trailer#	20-52	k				
Liner Qty1 Pum	np/Hose	во# то нт <u>Ро 27 Ч</u> во# то нт						
PICKUP TIME: 07:00-12:00		RO# TO GEN		RO# TO	GEN_			
Stop TypePICKUP Driver#4509 HERITAGE ENVIRONMENTA 4370 W. COUNTY ROAD 123	Driver Name AL SERVICES LLC (901	Donnies S	Mics		DateIN	3 -3 d	1_ 5 ~ <i>J</i> 0 503890 5-2704	
/U ems Common Name		See Manifest	Transaction	Prod	Ref#	Ord	Туре	
1 PCB REMED. WASTE-E	BLDG DEBR CONT ASB	E 000325043WAS-1	2256947	211	N2N	1	CM	
ADDL EQUIP: PPE: GLVS,GOGLS,APRON	OR PCTYVEK SUIT							
Site Rep Name MANAU	ESAI Signatu	re Mark Dr.	,ed	_ Date	3-30	-20	10	

Name MANAU



1	UNIFORM HAZARDOUS	1. Generator ID Number	2. Page 1 of 3	. Emergency Response		4. Manifest 1	Tracking Num	1.1	MAG			
	WASTE MANIFEST  5. Generator's Name and Mailing		I 1 G	(800)32 enerator's Site Address (	if different tha	an mailing addres	s)		WEND.			
	CHICAGO, IL	R DRIVE, SUITE 3700 . 60606		USEPA REG 70 E. SEA WAUKEGAN GEN: 1250	HORSE	TIRTVE	ADLER	3				
	Generator's Phone: 6. Transporter 1 Company Name	312)886-7078 •		GEN: 1250	83	U.S. EPA ID N	Number					
		RANSPORT, LLC				IND	058484	1114				
7. Transporter 2 Company Name  U.S. EPA ID Number												
	Designated Facility Name and	d Site Address				U.S. EPA ID N	lumber					
	HERITAGE EN	VIRONMENTAL SERVICES LLC UNTY ROAD 1275 N. IN 46172 (765)435-2704	:			IMD980503890						
		on (including Proper Shipping Name, Hazard Class, ID Nu	mber,	10. Contain No.	ers Type	11. Total Quantity	12. Unit Wt./Vol.	13. Waste	Codes			
ATOR -	1. X RØ,UNG SOL1D.9.F	3432,POLYCHLORINATED BIPH PGIII,(PCB REMEDIATION WA ),(RQ = 1 LB),ERG#171	HENYLS ASTE AND	1	CM	2273	κ					
GENERATOR	ASBESTOS)	) , (EQ '= 1 LB) , EEG#171				033010						
Ĭ	3.			4-4								
	0.			Bleet 1			-					
	4.											
	14. Special Handling Instruction 1. W2_0536473			cu!	. 22	73 kg	(50	00016)				
		R'S CERTIFICATION: I hereby declare that the contents	of this consignment are	fully and accurately des	crihed above	hy the proper sh	ionina name		1363544			
	marked and labeled/placar	rded, and are in all respects in proper condition for transportents of this consignment conform to the terms of the a	ort according to applical	ole international and natio	onal governm	nental regulations.	. If export ship	ment and I am the	Primary			
	I certify that the waste min Generator's/Offeror's Printed/Ty	imization statement identified in 40 CFR 262.27(a) (if I am	n a large quantity general Signa	ator) or (b) (if I am a sma ture	Il quantity ge	nerator) is true.		Month	Day Year			
J	MANALI	DESAI OF SULTRAC	1 (		Deseri			03	30 10			
INLI	16. International Shipments	Import to U.S.	Export from U.3		ry/exit:							
_	Transporter signature (for exportant and a signature)  17. Transporter Acknowledgmen			Date leaving	ng U.S.:							
RTE	Transporter 1 Printed/Typed Nar		Signa	turge	,	00.		Month	Day Year			
SPO	Denvis	Shirar		Venn	0	Ski	res	Month	30 10 Day Year			
TR ANSPORTER	Transporter 2 Printed/Typed Na	me	Signa 	ture				Month	Day Tear			
十	18. Discrepancy											
	18a. Discrepancy Indication Spa	ace Quantity Date 11 por 70	ONU SCAC	Residue  ES AT GENI	ensto	Partial Rej	ection 3-3	80-10 FO	II Rejection			
LITY -	18b. Alternate Facility (or Gener			Manifest Reference	Number:	U.S. EPA ID I						
FACILITY	Facility's Phone:					1						
ESIGNATED	18c. Signature of Alternate Facilities	lity (or Generator)						Month	Day Year			
SIG	19. Hazardous Waste Report M	lanagement Method Codes (i.e., codes for hazardous was	te treatment, disposal,	and recycling systems)		14						
- DE	1.	H132	3.			4.						
	20. Designated Facility Owner of	or Operator: Certification of receipt of hazardous materials			n 18a							
	Printed/Typed Name	an Nama	Signa	ature / /	13			Month 1	Day Year			
EP/	A Form 8700-22 (Rev. 3-05)	Previous editions are obsolete.		DESIG	VATED F/	CILITY TO D	ESTINATI	ON STATE (IF				

Stop Ticket

Stop#: 1169916-9019

Trip#: 845982

Plck-up: 03/30/10 - 03/30/10

Site#: 125083

Miles: 493

EPA ID#: ILD000802827 PO#: 325919

Internal Contact JAY DRIGGERS (877)381-2341

TOM HAHNE SULTRAC

Mailing Address

1 S. WACHER DRIVE, SUITE 3700

CHICAGO, IL 60606 UNITED STATES



Site Address

(None)

**UESEPA REGION 5** 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 **UNITED STATES** 

Phone# (312)886-7078 ANDREW, DONNA - (317)390-3161

HERITAGE TRANSPORT, LI IND058484114	_C (8000) (317)486-2973 US DOT#: 314460						
Emergency Rate Tractor#2425 Liner Qty1 Pur PICKUP TIME: 07:00-12:00 Stop TypePICKUP Driver#4509 HERITAGE ENVIRONMENT 4370 W. COUNTY ROAD 12	mp/HoseOPE	Trailer# RO# TO HT_I RO# TO GEN N TOP		RO# TO	O HT O GEN Line Date3	or Qty_ 5 ~3 0 D9805	
P/U Items Common Name		See Manifest	Transaction	Prod	Ref#	Ord	Турө
1 PCB REMED. WASTE	BLDG DEBR CONT ASBE	000325043WAS-1	2256947	211	N2N	1	СМ
ADDL EQUIP: PPE: GLVS,GOGLS,APRO	N OR PCTYVEK SUIT						
Site Rep Name MANAU	DESAL Signature	Man D	yat	_ Date_	3-30	1-20	10



DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator ID Number 4. Manifest Tracking Number 3. Emergency Response Phone 2. Page 1 of 000325043WAS **WASTE MANIFEST** (800) 326-1221
Generator's Site Address (if different than mailing address) ILD000802827 Generator's Name and Mailing Address USEPA REGICA 5 / KEVIN ADLER 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 GEN: 125083 SULTRAC / TOM HAHNE 1 S. WACHER DRIVE, SUITE 3700 CHICAGO, D. 60606 (312)886-7078 Generator's Phone: U.S. EPA ID Number 6. Transporter 1 Company Name HERITAGE TRANSPORT, LLC IND058484114 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES LLC 4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 46172 ys Phone: (765)435-2704 IND980503890 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes 9a. and Packing Group (if any)) Quantity WLVol НМ No. Type GENERATOR RQ,UN3432,POLYCHLORINATED BIPHENYLS, SOLID,9,PGIII,(PCB REMEDIATION WASTE AND ASBESTOS),(RO = 1 LB),ERG#171 Q3301Ò cd: 2273 kg (500016) 14. Special Handling Instructions and Additional Information 1.W2\_0536479\_T#2256947 OUT OF SERVICE BATE 03 / 12 / 10 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations, if export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement Identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true Day Generator's/Offeror's Printed/Typed Name Vesus DESAL 63 130 10 MANAU SULTRAC Import to U.S. Export from U.S. Port of entry/exit: Date leaving U.S.: Transporter signature (for exports only): 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Transporter 2 Printed/Typed Name 03 30 Signature 18. Discrepancy Discrepancy Indication Space Quantity Type To NU SCYCES AT GENERATUR SCAL Q 3-30-10 18a. Discrepancy Indication Space Full Rejection U.S. EPA ID Number 18b, Alternate Facility (or Generator) Facility's Phone: Day E 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as ricted in Item 18 Month Day Year Printed/Typed Name 130

EPA Form 8700-22 (Rev. 3-85) Previous editions are obsolete.



7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537					
132 Pompano Road	4370 W. Co. Rd. 1275N	☐ 5122 East Storey Rd.					
Charlotte, NC 28216	Roachdale, IN 46172	Coolidge, AZ 85228					
(704) 392-6276	(765) 435-2704	(520) 723-4167					
NCD121700777	IND980503890	AZD081705402					
15330 Canal Bank Road, N.E.	☐ 5400 N. Detroit Ave.	☐ 4370 W. Co. Rd 1275 N					
Lemont, IL 60439	Toledo, OH 43611	Roachdale, IN 46172					
(630) 739-1151	(419) 476-0942	(765) 435-2704					
ILD085349264	OHD005045992	Subtitle D Landfill					
CERTIFICATE OF TREATMENT AND DISPOSAL							

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/ OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

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**USEPA Region 5 GENERATOR:** 90 E. Seahorse Drive Waukegan, IL 60085 ILD000802827 **EPA ID NUMBER:** PCB & Asbestos Contaminated Soil Wastestream: Landfilled Disposal Method: 30-Mar-10 Disposal Date: 2256947 **HES Transaction Number:** 

Manifest: 000325043WAS Net Kg: 2,273

Stop Ticket

Stop#: 1169917-9019

Trip#: 845983

Pick-up: 03/30/10 - 03/30/10

Site#: 125083

Miles: 493

EPA ID#: ILD000802827 PO#: 325919

Internal Contact JAY DRIGGERS (877)381-2341



Mailing Address

TOM HAHNE SULTRAC

1 S. WACHER DRIVE, SUITE 3700

HERITAGE TRANSPORT, LLC (8000) (317)486-2973

CHICAGO, IL 60606 UNITED STATES

Site Address

(None)

**UESEPA REGION 5** 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 UNITED STATES

Phone# (312)886-7078 ANDREW, DONNA - (317)390-3161

IND058484114 US DOT#: 314460							
Emergency Rate Pickup Demurrage	Fin	al Delivery Den	nurrage_				
Tractor# 2425	Trailer# 20-25						
Liner Qty1 Pump/Hose	RO# TO HT_	Ro 217	RO# TO	TH C			
PICKUP TIME: 07:00-12:00	RO# TO GEN	C. W. M.T.	RO# TO	O GEN_			
Stop TypePICKUP RO TypeOPEN Driver# <u>4509</u> Driver NameON HERITAGE ENVIRONMENTAL SERVICES LLC (9019) 4370 W. COUNTY ROAD 1275 N., ROACHDALE, IN 46	mo Shi	RO Size25_		Date 3	3 6 - D980	1_ 10 503890 5-2704	
/U ems Common Name	See Manifest	Transaction	Prod	Ref#	Ord	Туре	
1 PCB REMED. WASTE-BLDG DEBR CONT ASBE	000325044WAS-1	2256949	211	N2N	1	CM	
ADDL EQUIP: PPE: GLVS,GOGLS,APRON OR PCTYVEK SUIT							
TTE. GEVO, GOGLO, ATTION OTTO TELL GOTT							



Day

Year

Month

DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) UNIFORM HAZARDOUS 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone 000325044WAS WASTE MANIFEST (SOO) 324-1221 Generator's Site Address (if different than mailing address) ILD000802827 5. Generator's Name and Mailing Address SULTRAC / TOM HAHNE 1 S. WACHER DRIVE, SUITE 3700 CHICAGO, IL 60606 USEPA REGION 5 / KEV 90 E. SEAHDRSE DRIVE KEVIN ADLER WAUKEGAN, IL 60085 GEN: 125083 (312)886-7078 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number HERITAGE TRANSPORT, LLC 7. Transporter 2 Company Name INTIO58494114
U.S. EPAID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number HERITAGE ENVIRONMENTAL SERVICES LLC 4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 46172
Facility's Phone: (7A5)435-2704 IND980503890 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 13. Waste Codes and Packing Group (if any)) HM Quantity Wt.Nol. No. Туре 2273 GENERATOR RQ,UN3432,POLYCHLORINATED BIPHENYLS, SOLID,9,PGIII, (PCB REMEDIATION WASTE AND ASSESTED), (RQ = 1 LB),ERG#171 CM 15 91 K @3-3010 14. Special Handling Instructions and Additional Information nd; 2273 kg (500016) 1.W2\_Q536479\_T#2256949 OUT OF SERVICE DATE 03 / 11 / 10 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name Month Year DESAL OF SULTRAC and Desai MANALI 10 16. International Shipments Import to U.S. Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S.: ANSPORTER Transporter 1 Printed/Typed Name
Downsor 17. Transporter Acknowledgment of Receipt of Materials Month Day 03 30 10 Transporter 2 Printed/Typed Name Signature Day 2 18. Discrepancy 8a. Discrepancy Indication Space Quantity Type Residue Partial Rejection

WRIGHT CHANGED IN BOX II DUE TONO SCACES AT GENERATURE SITE @ 3-30-10 18a. Discrepancy Indication Space Full Rejection Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year GN 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) DESI 4. H132 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a,

Signature

Printed/Typed Name

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Plea	se prii	nt or type. (Form desig	ned for use on elite (12-	oitch) typewriter.)				2151 W IB 1 1 1 2 9 9	1. 20(92(11:41)		Approved.	DMB No. 20	050-0039
1	W	ORM HAZARDOUS ASTE MANIFEST nefator's Name and Mailin	1. Generator ID Number	20177	2. Page 1 of	f 3, Emergency	aan >	07.2400		00	mber 03250	4404	** **
	V. <b>U</b> V.	SULTRAC / 1	TOM HAHME R DRIVE, SUI	TE 3700 -		USER 90 E	A RE	GION 5 AHORSE	7 FEVIN DRIVE	•	R		
	Gener	CHICAGO II rator's Phone: rasporter 1 Company Nam	(312)386-707	<u> </u>		WHUE   GEM:	1 25	1L 6 033		l			
	0. 11a		DAMSPART II		e a	. C (3-1)	÷		U.S. EPAID N	iumber ⊹ ikin≋io nic	. A I A A		
	7. Tra	nsporter 2 Company Nam	6			a			U.S. EPAID N			10 T	:
	8. Des	signated Facility Name an	d Site Address				*		U.S. EPAID N	lumber			
	Facilit	2020 M COL	NVIRONMENTAL JNTY ROAD 12 IN 46172 (245)405-036	SERVICES LL 75 N.	.C				]}4{	198050	V3670		
	9a. HM		on (including Proper Shippin	g Name, Hazard Class, ID N	lumber,		10. Contai No.	iners Type	11. Total Quantity	12. Unit Wt./Vol.	13. W	/aste Codes	
   		1.						1,50	2273				
GENERATOR	Y	√FO,UN SULIB,9,8	3432 POLYCHL PGIII, (PCB. R	OPINATED BIR EMEDIATION W 7,EKO#171	HENTLS, WASTE AND		. 40	CM	459+ 03.3010		and the series and the		Programa (a. Arroma, arth, Cardina ar Card
SENE	,,	2. Hobbertuo.	7,(80 - 1 LB	),EN0#171					7,3				
		3.											
		4.											
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				/ 11 / 10			P	* } Gar	100	/ ( -	, ,	share.	
	15. (	GENERATOR'S/OFFERO	R'S CERTIFICATION: The	reby declare that the content	ts of this consignment								
	8	Exporter, I certify that the o	contents of this consignmen	in proper condition for trans conform to the terms of the	attached EPA Acknow	wledgment of Coi	nsent.		•	If export shi	pment and I a	m the Primar	ry
	Gener	ator's/Offeror's Printed/Ty	ped Name	d in 40 CFR 262.27(a) (if I a	\$	gnature			······································	<del></del>	Mont	n Day	Year
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INT.		porter signature (for expo	rts only):		Export from		Port of er Date leav	•				į.	
TER		ansporter Acknowledgmen porter 1 Printed/Typed Nar			Sie	gnature			مستعدد والمراجع والمراجع والمستعدد	e year or erec.	Mont	n Day	Year
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	18a. D	Discrepancy Indication Spa	ace Quantify	TOUR TONO	ype O E (At le A	Res	idue	2.12 - 1	Partial Rej	ection		Full Rejec	tion
				1 DOE 10100	7 SOILES / T	Manifest	Reference	e Number:			0		
Ë	18b. A	Iternate Facility (or Gener	rator)						U.S. EPA ID N	lumber			
FAC		y's Phone:											į
DESIGNATED FACILITY	18c. S	ignature of Alternate Faci	ity (or Generator)								Mon	th Day	Year
SIGN	19. Ha	zardous Waste Report M	anagement Method Codes (	.e., codes for hazardous wa	aste treatment, dispos	al, and recycling	systems)						<u> </u>
ä	1.		<b>[2.</b> ₩159 <b>]</b>		]3.				4.				
				eceipt of hazardous material			cted in Ite	n 18a			84.	h 6	
	r-nnte	d/Typed Name	ALLAN	PANGA	s) I	ignature		14.	and an extraord of the second		Mon'	th Day	Year
EPA	Form	8700-22 (Rev. 3-05) F	Previous editions are obs	olete.	1\	San Contraction of the Contracti		1	DESIG	NATED	FACILITY	LU CENE	DATOR

Stop Ticket

Stop#: 1169917-9019

Trip#: 845983

Pick-up: 03/30/10 - 03/30/10

Site#: 125083

EPA ID#: ILD000802827 PO#: 325919

Miles: 493

Internal Contact JAY DRIGGERS (877)381-2341

Mailing Address

**TOM HAHNE SULTRAC** 

1 S. WACHER DRIVE, SUITE 3700

HERITAGE TRANSPORT, LLC (8000) (317)486-2973

CHICAGO, IL 60606 **UNITED STATES** 



Site Address

(None)

**UESEPA REGION 5** 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 **UNITED STATES** 

Phone# (312)886-7078 ANDREW, DONNA - (317)390-3161

IND	058484114	US DOT#: 314460									
Em	ergency Rate	Pickup Demurrage	Fir	nal Delivery Dem	nurrage_						
Tra	ctor# 2425		Trailer#								
Line	er Qty1 Pun	np/Hose	A								
PIC	KUP TIME: 07:00-12:00		RO# TO GEN		RO# TO	O GEN_					
Driv HEI	p TypePICKUP ver# <u>生気の?</u> RITAGE ENVIRONMENT 0 W. COUNTY ROAD 12	_ Driver Name AL SERVICES LLC (9019	nno Shi	io1		Date 3	- <u>3 6 -</u> ID980!	1_ - 10 503890 5-2704			
P/U Items	Common Name		See Manifest	Transaction	Prod	Ref#	Ord	Туре			
1	PCB REMED. WASTE-	BLDG DEBR CONT ASBE	000325044WAS-1	2256949	211	N2N	1	СМ			
	DL EQUIP: E: GLVS,GOGLS,APRON	OR PCTYVEK SUIT									
Site	Hep ame MANALI DE	SA \ Signature	Mark D	eseri'	Date	3/30	201	۵			



DESIGNATED FACILITY TO DESTINATION STATE (IF REQUIRED)

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone 1, Generator ID Number UNIFORM HAZARDOUS 000325044WAS 5. Generator's Name and Mailing Address (800) 376-1271
Generator's Site Address (if different than mailing address) SULTRAC / TOM HAHNE 1 S. WACHER BRIVE, SUITE 3700 CHICAGO, IL 60606 USEPA REGION 5 / KEVIN ADLER 90 E. SEAHORSE DRIVE WAUKEGAN, IL 60085 GEN: 125083 Generator's Phone: (312)886-7078 U.S. EPA ID Number 6, Transporter 1 Company Name HERITAGE TRANSPORT, LLC
7. Transporter 2 Company Name INDOS8484114 U.S. EPAID Number 8. Designated Facility Name and Site Address HERITAGE ENVIRONMENTAL SERVICES LLC 4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 44172 ys Phono: (745)435-2704 IND980503890 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 12. Unit 9a 13. Waste Codes and Packing Group (if any)) Quantity Wt.Vol. нм No. Type 2273 ERATOR RQ,UN3432,POLYCHLORINATED BIPHENYLS, SOLID,9,PGIII,(PCB REMEDIATION WASTE AND ASBESTOS),(RQ = 1 LB),ERG#171 <del>1591</del> Q3-3010 GEN 14. Special Handling Instructions and Additional Information 12273kg (5000/6) 1.W2\_Q536479\_T#2256949 OUT OF SERVICE DATE 03 / 11 / 10 GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. It export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. nerator's/Offeror's Printed/Typed Name OF SULTKAR DESA MANAU 03 30 110 16. International Shipments Export from U.S. Port of entry/exit: \_\_\_ Import to U.S. Ż Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Ucoth Dennis ) hir ar 03 30 10 Transporter 2 Printed/Typed Name 18a. Discrepancy Indication Space Туре Full Rejection Quantity Partial Rejection \_\_ Residue WRIGHT CHAMED IN BOX II DUE TONO SULES AT GENERATUR 61TE @ 3-3010 Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year DESIG 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H13220. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Itayin 18a, Printed/Typed Name Month Day C3 |30 |10

EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.



7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	☐ 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555	☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537						
☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777	4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890	☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402						
☐ 15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	<ul> <li>4370 W. Co. Rd 1275 N</li> <li>Roachdale, IN 46172 (765) 435-2704</li> <li>Subtitle D Landfill</li> </ul>						
CERTIFICATE (	OF TREATMENT AND I	DISPOSAL						
HERITAGE ENVIRONMENTAL SERVE THAT THE TRANSACTION DESCRIB OR RECLAMATION AND/OR DISP APPLICABLE LOCAL, STATE AND FE	ED BELOW, INCLUDING TREATM POSAL HAS BEEN HANDLED I	ENT AND/OR STORAGE AND/ N COMPLIANCE WITH ALL						
Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.								
GENERATOR:	USEPA Region 5							
	90 E. Seahorse Drive							
	Waukegan, IL 60085							
EPA ID NUMBER:	ILD000802827							
Wastestream:	PCB & Asbestos Conta	aminated Soil						
Disposal Method:	Landfilled							
Disposal Date:	30-Mar-10							
HES Transaction Number:	2256949							
Manifoet:	Net Ka:							

2,273

000325044WAS

**DESIGNATED FACILITY TO GENERATOR** 

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) Form Approved. OMB No. 2050-0039 UNIFORM HAZARDOUS 1. Generator ID Number 4. Manifest Tracking Number 2. Page 1 of 3. Emergency Response Phone ILD000802827 (800)326-1221 **WASTE MANIFEST** Generator's Site Address (if different than mailing address)
UESEFA REGION 5 / KEVIN ADLER
90 E. SEAHORSE DRIVE
WAUKEGAN, IL 60085
GEN: 125083 5. Generator's Name and Mailing Address
SULTRAC / TOM HAHNE
1 S. WACHER DRIVE, SUITE 3700
CHICAGO, IL 60606 CHĪCAGO, IL (312)886-7078 Generator's Phone: 6. Transporter 1 Company Name U.S. EPA ID Number HERITAGE TRANSPORT. IND058484114 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address U.S. EPA ID Number HERITAGE ENVIRONMENTAL SERVICES LLC 4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 46172 Mys Phone: (765)435-2704 IND980503890 03-1810 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, 10. Containers 11. Total 9a. 12. Unit 13 Waste Codes НМ and Packing Group (if any)) Quantity Wt./Vol Туре ľ RQ.UN3432.POLYCHLORIMATED BIPHENYLS. SOLID.9.PGIII.(PCB REMEDIATION WASTE AND ASSESTOS) (RQ = 1 LB) ERG#171 CM 14. Special Handling Instructions and Additional Information W: 1955kg (43001h 1.W2\_0536479\_T#2241219 OUT OF SERVICE DATE 03/12/10 [1358699] 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Generator's/Offeror's Printed/Typed Name NISSOUDE SULTRAC 16. International Shipments Export from U.S. Port of entry/exit: Transporter signature (for exports only): Date leaving U.S. 17. Transporter Acknowledgment of Receipt of Materials Transporter 1 Printed/Typed Name Signature Month Day Year 03 12 10 Transporter 2 Printed/Typed Name Signature 꼰 Discrepancy 18a. Discrepancy Indication Space Quantity Residue □ Partial Rejection Full Rejection Manifest Reference Number: 18b. Alternate Facility (or Generator) U.S. EPA ID Number Facility's Phone: 18c. Signature of Alternate Facility (or Generator) Month Day Year 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) H132 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Printed/Typed Name Signature

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EPA Form 8700-22 (Rev. 3-05) Previous editions are obsolete.



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	7901 W. Morris St.	☐ 8523 NE 38 <sup>th</sup> Street	☐ 54 Avenue D
	Indianapolis, IN 46231	Kansas City, MO 64161	Williston, VT 05495
	(317) 243-0811	(816) 453-4321	(802) 860-1200
	IND093219012	MOD981505555	VTD982766537
	4132 Pompano Road	4370 W. Co. Rd. 1275N	☐ 5122 East Storey Rd.
	Charlotte, NC 28216	Roachdale, IN 46172	Coolidge, AZ 85228
	(704) 392-6276	(765) 435-2704	(520) 723-4167
	NCD121700777	IND980503890	AZD081705402
	15330 Canai Bank Road, N.E.	☐ 5400 N. Detroit Ave.	☐ 4370 W. Co. Rd 1275 N
	Lemont, IL 60439	Toledo, OH 43611	Roachdale, IN 46172
	(630) 739-1151	(419) 476-0942	(765) 435-2704
	ILD085349264	OHD005045992	Subtitle D Landfill
CERTIFICATE OF TREATMENT AND DISPOSAL			
	ERITAGE ENVIRONMENTAL SERVIC		

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL

GENERATOR:

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

EPA ID NUMBER: ILD000802827

APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:

18-Mar-10

**HES Transaction Number:** 

2241219

Manifest:

000315623WAS

Net Kg:

1,955

UNIE	ORM HAZARDOUS 1. Generator ID Number	,	(800)3 <u>24-</u>	1221	·	UUUJ	
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	SULTRAC / TON HAMME 1 S. WACHER DRIVE, SUITE 3700	5) h	u E. BEADL AUKEGAN, J	1 600	155		
	THEFT 76 HE 13 TO ROLL OF	l Ĉ	EN: 125083	3			
Conc	orator's Phone:				U.S. EPA ID N	imber	
6. Tra	ansporter 1 Company Name				INDE	58484	114
	HERITAGE TRANSPORT, LLC				U.S. EPA ID N	ımber	
7. Tr	ansporter 2 Company Name				1		
					U.S. EPAID N	umber	
8. D	esignated Facility Name and Site Address						
Ì	DECTENDE CANTONNENTAL SERVICES LLC				) MD	MOSCE.	2070
	4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 46172				1		
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	1.W2_0536479_1\$2241221						[1358700]
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	OUT OF SERVICE DATE (3) / 12 / 10	of this consignment are	e fully and accurately d				and are classified nackaged.
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	5. GENERATOR'S/OFFEROR'S CERTIFICATION: Thereby declare that the contents	of this consignment ar- ort according to applica stached EPA Acknowle n a large quantity gener	e fully and accurately d	escribed abo tional gover	ove by the proper	shipping nan	ie, and are classified, packaged, hipment and I am the Primary Month Day Year
	5. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents marked and labeled/placarded, and are in all respects in proper condition for transper Exporter, I certify that the contents of this consignment conform to the terms of the all certify that the waste minimization statement identified in 40 CFR 262.27(a) (if 1 and 1) of transpersion of the contents of this consignment conform to the terms of the all certify that the waste minimization statement identified in 40 CFR 262.27(a) (if 1 and 1) of transpersion of the contents of the con	of this consignment ar ort according to applica attached EPA Acknowle n a large quantity gener Sign	e fully and accurately d	escribed abo tional gover	ove by the proper	shipping nan	ie, and are classified, packaged, hipment and I am the Primary
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DESIGNATED FACILITY TRANSPORTER INT'L	5. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents marked and labeled/placarded, and are in all respects in proper condition for transpe Exporter, I certify that the contents of this consignment conform to the terms of the a I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I and Senerator's/Offeror's Printed/Typed Name  A POL DISCUSSION SULTIVA  Generator's/Offeror's Printed/Typed Name  Import to U.S.  Transporter signature (for exports only):  17. Transporter 1 Printed/Typed Name  18. Discrepancy  18a. Discrepancy Indication Space Quantity  18b. Alternate Facility (or Generator)  Facility's Phone:  18c. Signature of Alternate Facility (or Generator)  19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous to the contents of	stached EPA Acknowle n a large quantity gener Sign Export from U Sign Sign ype	e fully and accurately dible international and no degment of Consent. alor) or (b) (if I am a snature). S. Port of Date lease acture.  Residue  Manifest References.	escribed abtitional governal quantity antry/exit: ving U.S.:	Partie	shipping namins. If exports	Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year  Month Day Year

1. Generator ID Number



	•	
7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012	S523 NE 38th Street  Kansas City, MO 64161  (816) 453-4321  MOD981505555	54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777	4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890	<ul> <li>5122 East Storey Rd.</li> <li>Coolidge, AZ 85228</li> <li>(520) 723-4167</li> <li>AZD081705402</li> </ul>
☐ 15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264	☐ 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992	<ul> <li>4370 W. Co. Rd 1275 N</li> <li>Roachdale, IN 46172</li> <li>(765) 435-2704</li> <li>Subtitle D Landfill</li> </ul>
CERTIFICAT	E OF TREATMENT AND D	DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

Heritage Environmental Services, LLC certifies that the transaction described by the identifying information below has been conducted as described. Under civil and criminal penalties of law for the making or submission of false or fraudulent statements or representations (18 U.S.C. 1001 and 15 U.S.C. 2615), I certify that the information contained in or accompanying this document is true, accurate, and complete. As to the identified section(s) of this document for which I cannot personally verify truth and accuracy, I certify as the company official having supevisory responsibility for the persons who, acting under my direct instructions, made the verification that this information is true, accurate, and complete.

GENERATOR: USEPA Region 5

90 E. Seahorse Drive

Waukegan, IL 60085

Waukeyan, it book

EPA ID NUMBER: ILD000802827

Wastestream: PCB & Asbestos Contaminated Soil

Disposal Method: Landfilled

Disposal Date: 18-Mar-10

HES Transaction Number: 2241221

AL-ALK

Manifest: Net Kg: 000315624WAS 1,964

KENNETH S. PRICE, CHAIRMAN

Form Approved. OMB No. 2050-0039 Please print or type. (Form designed for use on elite (12-pitch) typewriter.) 4. Manifest Tracking Number Emergency Response Phone 2. Page 1 of 000315612WAE 1. Generator ID Number UNIFORM HAZARDOUS (800)326-1221 Generator's Site Address (if different than mailing address) H\_D0000802827 WASTE MANIFEST UESEPA REGION 5 / FEVIN ADLER 90 E. SEAHORSE DRIVE WAUKFOAN, IL 40085 GEN: 125083 Generator's Name and Mailing Address SULTRAC / TOM HARNE I S. WACHER DRIVE, SUITE 3700 CHICAGO, IL 60606 (3121886-7078 U.S. EPA ID Number Generator's Phone: 6. Transporter 1 Company Name 1NE058484114 U.S. EPA ID Number HERLIAGE TRANSPORT, LLC 7. Transporter 2 Company Name U.S. EPA ID Number 8. Designated Facility Name and Site Address HERITADE ENVIRONMENTAL SERVICES LLC IND980503870 4370 W. COUNTY ROAD 1275 N. ROACHDALE, IN 46172 Nys Phone: (765)435-2704 12. Unit 13. Waste Codes 10. Containers 11. Total 9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, Wt/Vol. Quantity No. Type 9a. and Packing Group (if any)) нм 1373 RO,UN3432 FOLYCHLORINATED BIFHENYLS, SOLID 9 FOIII, (PCB REMEDIATION WASTE AND ASSESTOR) (RO = 1 LB) FOOTION GENERATOR 0 10 3- H 373/5 14. Special Handling Instructions and Additional Information 1.M2 Q536479\_T\$2241217 15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, The proper supplied that the contents of this consignment are rong and accurately described above by the proper supplied name, and are described, package marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. Learning that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true. Month Day 201 Generator's/Offeror's Printed/Typed Name Vitie MALLE Sultive Dr 500 Manat Port of entry/exit: Export from U.S. 16. International Shipments Import to U.S. Date leaving U.S. Transporter signature (for exports only) Day 17. Transporter Acknowledgment of Receipt of Materials Signature Transporter 1 Printed/Typed Name F16 Signature Transporter 2 Printed/Typed Name 2 Full Rejection 18. Discrepancy Partial Rejection Residue Туре WEIGHT CHARGE W BOX 11+ 12 DUE TO WEITHEN WKIGHT W 161606MMS@ 3-11-10 18a. Discrepancy Indication Space was NOT Manifest Reference Number: U.S. EPA ID Number 18b. Alternate Facility (or Generator) Day Year Month Facility's Phone: 18c. Signature of Alternate Facility (or Generator) 19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems) 20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a Day Month 163/12

Printed/Typed Name



$\Box$	7901 W. Morris St.
ш	Indianapolis, IN 46231
	(317) 243-0811
	IND093219012

- ☐ 4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777
- 15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264

- ☐ 8523 NE 38th Street Kansas City, MO 64161 (816) 453-4321 MOD981505555
- 4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890
- ☐ 5400 N. Detroit Ave. Toledo, OH 43611 (419) 476-0942 OHD005045992

- ☐ 54 Avenue D Williston, VT 05495 (802) 860-1200 VTD982766537
- 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402
- 4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

## CERTIFICATE OF TREATMENT AND DISPOSAL

HERITAGE ENVIRONMENTAL SERVICES, LLC CERTIFIES AND ASSURES TO OUR CUSTOMERS THAT THE TRANSACTION DESCRIBED BELOW, INCLUDING TREATMENT AND/OR STORAGE AND/OR RECLAMATION AND/OR DISPOSAL HAS BEEN HANDLED IN COMPLIANCE WITH ALL APPLICABLE LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS.

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**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

**EPA ID NUMBER:** 

ILD000802827

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

**Disposal Date:** 

12-Mar-10

**HES Transaction Number:** 

2241217

Manifest:

000315612WAS

Net Kg:

1,373

KENNETH S. PRICE, CHAIRMAN

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	ROACHDALE.	IN 46172 (765)435-2704					1				
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	ملطأهما حاجل المستانين	searded, and are in all respects in proper confillo	n for transport according to	applicable	, international and na	itional governr	nental regulations	s. If export s	hipment and I am	the Primary	
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	20. Designated Facility Ow	ner or Operator: Certification of receipt of hazard	lous materials covered by th	e manifés	st except as noted in	Item 18a			11	nth Day	Year
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EF	A Form 8700-22 (Rev. 3-0	05) Previous editions are obsolete.	-			1	DES	SIGNATE	D FACILITY	IU GENE	IVALUI



	7901 W. Morris St. Indianapolis, IN 46231 (317) 243-0811 IND093219012
П	4132 Pompano Road

4132 Pompano Road Charlotte, NC 28216 (704) 392-6276 NCD121700777

15330 Canal Bank Road, N.E. Lemont, IL 60439 (630) 739-1151 ILD085349264 ☐ 8523 NE 38<sup>th</sup> Street Kansas City, MO 64161 (816) 453-4321 MOD981505555

4370 W. Co. Rd. 1275N Roachdale, IN 46172 (765) 435-2704 IND980503890

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☐ 5122 East Storey Rd. Coolidge, AZ 85228 (520) 723-4167 AZD081705402

4370 W. Co. Rd 1275 N Roachdale, IN 46172 (765) 435-2704 Subtitle D Landfill

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**GENERATOR:** 

**USEPA Region 5** 

90 E. Seahorse Drive

Waukegan, IL 60085

**EPA ID NUMBER:** 

ILD000802827

Wastestream:

PCB & Asbestos Contaminated Soil

Disposal Method:

Landfilled

Disposal Date:

12-Mar-10

**HES Transaction Number:** 

2241215

Manifest:

000315611WAS

Net Kg:

1,591

KENNETH S. PRICE, CHAIRMAN







Fluorecycle, inc. 27780 W. Concrete Dr. Ingleside, IL, 60041 815-363-4411

815-363-4422 salen@fluorecycle.com www.fluorecycle.com

#### CERTIFICATE OF DESTRUCTION

This certifies the lamps received from the listed source were destroyed to recyclable components by Fluorecycle Inc. Fluorecycle, Inc. certifies that the destruction of the material below was performed by crushing, separation to component parts, and reclamation of mercury. All processes were performed in accordance with Illinois Administrative Code Title 35, Part 733 "Standards for Universal Waste Management", and other applicable State. Federal and local regulations.

fft, or less Fluorescent lamps T5 thru T12	3.166
	3,100
3ft Fluorescent lamps F60-F96, T8 thru T12	1.887
High Intensity Discharge Lamps (HID)	594
Circular T9 Fluorescent Lamps	2
U-Shaped Fluorescent T8 or T12, U3 or U6	167
Pre- crushed Fluorescent lamps per pound	1,146
Incandescent Lamps	7

#### Certificate Issued to:

Generator Company Verbal

Handler Company

Company:

Brandenburg Industrial Service

J&J Contracting, Inc.

Address:

Co.

6989 N. 55th Street

c/o OMC

City, State, Zip:

90 East Seahorse Drive

Oakdale, MN 55128

4/9/2010 Disposal Date

20146

CERTIFICATE NUMBER



Recycler of Fluorescent, HID, & Lamps containing Mercury

#### Fluorecycle, Inc.

27780 W. Concrete Dr. Ingleside, IL 60041 Phone: 815-363-4411 Fax: 815-363-4422

E-Mail: sales@Fluorecycle.com Web: www.fluorecycle.com

Date: 4/9/10

This is to certify that the Batteries sent to Fluorecycle, Inc., were received and disposed of under environmentally safe conditions in accordance with current Federal, State, and local regulations in the State of Illinois. 'Battery Act May 13,1996', in full compliance with the regulations put forth per Title 40, CFR 273.

Generator: OMC/Brandenburg Induatrial Service Co.

Address: 90 East Seahorse Drive

City: Waukegan State: Illinois Zip Code: 60085

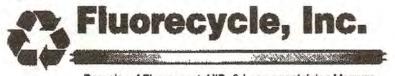
Date of Receipt: 3/16/10

Control # 20146

Battery Type: Lead/Calcium Weights: 196 Lbs.

Handler: J&J Contracting, Inc. 6989 N. 55<sup>TH</sup> Street Oakdale, MN 55128

precycle, Inc.



Recycler of Fluorescent, HID, & Lamps containing Mercury

#### Fluorecycle, Inc.

27780 W. Concrete Dr. Ingleside, IL 60041 Phone: 815-363-4411 Fax: 815-363-4422

E-Mail: sales@Fluorecycle.com Web: www.fluorecycle.com

This is to certify that the Mercury containing devices received by Fluorecycle, Inc. , were Distilled on premise. RCRA Hazardous Waste Mgmt. Part B Log 168, IEPA Certificate 0974455001, U.S. Certificate ILR 000049833, Air Permit issued 1/27/99, I.D. No. 097445AAA. All inspection reports upon request.

Generator: OMC/Brandenburg Industrial Service Co.

Address: 90 East Seahourse Drive

City: Waukegan

State: Illinois

Zip Code: 60085

Date of Receipt: 3/16/10

Control #: 20146

Weight: n/a

Unit's: 1 Description: Thermostat Hg Ampul type

Fluorecycle, inc., B

Handler: J&J Contracting, Inc. 6989 N. 55<sup>TH</sup> Street Oakdale, MN 55128



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Gene	erator completes la	-r)		a sa sa sa				
a. Generatora HELERA ID Number		b. Manifest Docum	c. Page 1 of					
<b>V</b>	SEPA 0 Seshurse Dr. /sukegan, IL 600\$5 12-886-7078		e. Generator's Mailing Address 1 S. Walter Chicago, IL (	r Avenue, Suite 3700				
If owner of the generating facility diffe		provide:						
h. Owner's Name: j. Waste Profile #	k. Exp. Date	I. Waste Ship	I. Owner's Phone No.: bing Name and	m. Cor No.	itainers Type	n, Total Quantity	o. Unit Wt/Vol	
The same of the sa		CAD Contan 50ppm	nineted w/PCB's less that	1	DT	21.11	11/	
		10/1/						
GENERATOR'S CERTIFICATION: I state law, has been properly descrit this waste is a treatment residue of has been treated in accordance wit	bed, classified and pact	kaged, and is in pro hazardoris waste si	per condition for transportation in the condition for the Land Disposal F	on accord	is. I certify	and warrant that	113. AND II	
D'AROL NISCEVOR p. Generator Authorized Agent Name	e (Print) C	g, Signature	ut 15		r. Date	5/26/10		
TRANSPORTER (G		s IIa-b and Trans	sporter completes IIc-e)					
	43183 N. Hwy 41 Zice, Wincis 600							
b. Phone:	847-395-6207	A Ja	<del>Mirror de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composina de la composición de la composición de la composición de la co</del>	Γ	<i>10</i> 1 **	-76-1	7	
c. Driver Name (Print)	// ind. Sign	natúre k 🐪		e, Date	14 j	( V :	~	
III. DÉSTINATION (Ger a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	s: ¥ Facility	c.W.S.EPA Nun WID076171	008	ation Spac		in page 100 mg 1	821	
I hereby certify that the above name  One of Authorized Agent (Print)	1	<u>). 学元</u>	est of my knowledge the loreg	g. Date		10	2 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
IV. ASBESTOS (General	ator completes IVa	-f and Operator	completes IVg-i)   c. Responsible Agency Nan	ne and Ac	ldress:			
a. Operator's Name and Address:			d. Phone:					
b. Phone: e. Special Handling Instructions and	d Additional Information	•	- TANKEY				3.77	
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I h are classified, packed, marked and	☐ Both nereby declare that the d labeled and are in all re	% Friable contents of this consespects in proper co	% Non-Friable signment are fully and accurat ndition for transport by highwa	ely descri ay accord	bed aboveing to app	by proper ship licable internatio	oing name an nal and	
- ntional governmental regulations.		¥						



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Gen a. Generalora HS FRAID Number		b. Manifest Docume	ont Number		c. Page 1 of		
I. Generator's Name and Location:  . Phone:	0 Seaborse Dr. Vankegan, B., 60085 112-886-7078	e. Generator's Mailing Address 1 S. Walker Avenue, Suits 3700 Chicago, IL 60606 g. Phone:					
f owner of the generating facility dif	ters from the generator, p	rovide:					
h. Owner's Name:	Lt. Five Data	I Wasta Shinn	I. Owner's Phone No.: ing Name and	n. Total	o. Unit		
j. Waste Profile #	k. Exp. Date	Description Description	mg name ana	No.			
MW 3063106004	CÁD Contan 50ppm	insted w/PCB's less th	an 1	DT	20.43	7N	
		A /					
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance wi	ibed, classified and pack	aged, and is in proj Sazadious waste su	oer congilion for transports blect to the Land Disposa	Restriction	ing to app is. I certify	and warrant that	
P. Generator Authorized Agent Nan	ne (Print) q	D (). Signaturé	15 05/26/10 r. Date				
TRANSPORTER (	Benerator completes	s IIa-b and Trans	porter completes IIq-	e) <u></u>		<del>,                                    </del>	<u> </u>
a. Transporter's Name and Address	43185 N. Hwy 41 73cot Diaces 6009						51,551 <b>(4</b> 11,655 )
b. Phone:	\$47-395-6202 V1	21/1/1		e, Date	5-7	76-W	
c. Driver Name (Print) III. DESTINATION (Ge	// d. Sigh enerator completes l	apre <u>/</u> lla-c and Destin	ation Site completes				
a, Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b, Phone (262) 884-7080	ss: I Facility	c. US EPA Num WID076171	ber d. Discrepancy Ind	lication Spa			
I hereby certify that the above name	ed material has been acc	epted and to the be	st of my knowledge the for	egoing is tr	ue and ac	curate.	
D. Prie		<u> ノ, ドラム</u>	<u> Ye</u>	g, Date	<u> </u>	/0	
e. Name of Authorized Agent (Print IV. ASBESTOS (General a. Operator's Name and Address:	rator completes IVa-	f and Operator o	completes IVg-i) c. Responsible Agency N		ldress:		
			d. Phone:				
b. Phone: e. Special Handling Instructions an	d Additional Information:		EAST THOUGH				
f: Friable Non-Friable OPERATOR'S CERTIFICATION: I are classified, packed, marked and national governmental regulations.	l labeled and are in all res	% Friable ontents of this cons spects in proper cor	% Non-Friable gnment are fully and accu dition for transport by high	rately descri way accord	bed aboving to app	e by proper shippir licable internations	ng name an ul and
				_			
g. Operator's Name and Title (Print *Operator refers to the company w	t) h. Sigr	nature ·		j, Date			



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						c. Page 1					
	Acroe Dr. 1920, IL 18 26-7078		ide:	e. Generator's Malling Addressed in S. Walker / Chissen, IL 6	Avenue, Si	ilio 3700					
h. Owner's Name:	5 3 3 3			I. Owner's Phone No.:							
j. Waste Profile #	k, Exp. D	ate	I, Waste Shipp Description	oing Name and	m. Cont No.	ainers Type	n. Total Quantity	o. Unit Wt/Vol			
MW 3063106004 2/22/20				ninated w/PCB's less than		ı Di	21.4	HTN			
GENERATOR'S CERTIFICATION: I here state law, has been properly described, this waste is a treatment residue of a properly been treated in accordance with the	classified a	and package	ed, and is in proj ardous waste su	pericondition for transportation blect to the Land Disposal R	n accordin	ig to app . I certify	and warrant that	S. ANU. II			
P. Generator Authorized Agent Name (Pr	<i>Suct</i> , int)	1.0 (5.7) q. Si	gnature .	Aftha S		<u> クく</u> r. Date	126/10				
	KISI 43185 N. I 2000, Illino 847-393-6	Hwy 41 He 60009	A g and halls	perior completes no cy							
Lamb 11th		A.O.	1/24		e»Date	e en	1LO				
c. Driver Name (Print) III. IDESTINATION (General	tor comp	d Signatur detes IIIa-	c and Destin	ation Site completes Illo							
a. Disposal Facility and Site Address:     Kestrel Hawk Recycling & Disposal Facili     1989 Oakes Road     Racine, WI 53406     b. Phone: (262) 884-7080	ity		c. US EPA Num WID076171	ber d. Discrepancy Indica	tion Space						
I hereby certify that the above named ma	iterial has	been accept	ed and to the be	st of my knowledge the forego	oing is true	and acc	urate.				
S. KAGAN		f, Signatur	771 -		g. Date/	26/1	$\mathcal{O}_{\mathbb{R}^{3}}$	1 18:			
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator	complet		and the second of the second o					11 - 1			
a. Operator's Name and Address:				c. Responsible Agency Nam	e and Add	ress:					
b. Phone:  e. Special Handling Instructions and Add	litional Info	rmation:		d. Phone:							
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I hereb are classified, packed, marked and label national governmental regulations.	Both y declare to ed and are	not the conte	Friable ents of this consi cts in proper con	% Non-Friable gnment are fully and accurate dition for transport by highwa	ely describ y accordin	ed above g to appli	by proper shippin cable internationa	ig name and I and			
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g. Operator's Name and Title (Print) *Operator refers to the company which of	wos lease	h. Signatu	re controls, or sun	ervises the facility being demo	i. Date olished or i	renovated	i, or the demolition	n <b>or</b>			



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GENERATOR (Gen General Graph & ERA IP Number		b. Manifest Docum	nent Number	c. Page 1 of						
l. Generator's Name and Location:	10 Seabarse Da. Wankagan, D. 69085 112-888-7078	_ <b> </b>	e. Generator's Mailing Addr 1 S. Walter Chicago, IL g. Phone:			Avenue, Suite 3700				
f owner of the generating facility dif		or, provide:								
n. Owner's Name:			i. Owner's Phone No.:		italners		o. Unit			
.Waste Profile #	k. Exp. Date	I. Waste Ship Description	I. Waste Shipping Name and Description			n. Total Quantity	Wt/Val			
MW 3063106004	2/22/2011	C&D Conta 50ppm	minated w/PCB's less that		) DT	23.43	7/7			
					7		<i>/</i>			
							-liaabla			
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance w	ibed, classified and p	ackageu, anu is in pi	subject to the Land Disposal F	Restriction	s. I certify	and warrant that	s; AND, if the waste			
CAROL-NISSEN UZ	SUCTRAC 10		motos		r. Date	126/10				
p. Generator Authorized Agent Nar	Roperator comple	etes IIa-b and Trar	nsporter completes IIc-e)							
Transporter's Name and Address b. Phone:	s: KTSI AS185 N. Hovy Zion, Illinois 6 847-395-6202		<u> </u>	1 2	- 07		<u>,                                    </u>			
Michael On	ff.ths	fut	<del>(J.7)</del>	e. Date	- 90	<u>070                                   </u>				
c. Driver Name (Print)	d.a	Signature	nation Site completes III							
a. Disposal Facility and Site Addre Kestrei Hawk Recycling & Disposa 1989 Oakes Road Racine, WI 53406	ss: Il Facility	c. US EPA No WID07617	mber d. Discrepancy indic	alion Spa						
I hereby certify that the above nan	ned material has been	accepted and to the	best of my knowledge the fore	going is tr	ue and ac	curate.				
D. Bre		V. Du	<i>r</i>	g. Date	126	<u>/10</u>				
e. Name of Authorized Agent (Prin IV. ASBESTOS (Gene	() [1.8 	Signature <u>(</u> Va.t.and Operato	r completes (Va-i)	I y. Date						
		va-i and Operato	c. Responsible Agency Na	me and A	ddress:					
a. Operator's Name and Address:										
b. Phone:			d. Phone:							
e. Special Handling Instructions at	nd Additional Informat	lion:								
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I are classified, packed, marked an national governmental regulations	d labeled and are in a	% Friable he contents of this co Ill respects in proper c	% Non-Friable signment are fully and accura ondition for transport by highw	itely descr ay accord	ribed abov ling to app	e by proper shippi licable internation	ng name a al and			
g. Operator's Name and Title (Prin	nt) h.	Signature		i. Date			eg ag kilân karajê. Yezhoù meng kir			
g. Operator's Name and Title (Prin *Operator refers to the company vertical removation operation or both	nt) [ h. which owns, leases, o	ভাত্তnature perates, controls, or s	upervises the facility being der			ed, or the demolitic	on or			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Gene	rator completes la	a-r) 【b. Manifest Docume	ont Number		c, Page 1	101				
. Generators US EPA ID Number		D. Manilest Docume	ant vullader		C, rage					
f. Phone:	) Sashorse Dr. Paskegan, R.: 60085 12-886-7078		e. Generator's Mailing Address 1 S. Walker / Chicago, IL ( g. Phone:	r Avenue, Suite 3700						
If owner of the generating facility diffe	ers from the generator,	provide: .								
h. Owner's Name:			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. Date	I. Waste Shipp Description	oing Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
MW 3063106004	2/22/2011		ringted w/PCB's less that	1	DT	23.42	M			
GENERATOR'S CERTIFICATION: I	hereby certify that the	a above named mate	ral is not a hazardous waste	as define	d by 40 Cl	FR 261 or any ap	olicable			
state law, has been properly describ this waste is a treatment residue of has been treated in accordance with	oed, classified and pac a previously restricted	ckaged,⁄ānd is in prop I hazardous waste su	per condition for transportation iblect to the Land Disposal R	on accordi Restriction:	ing to app s. I certify d by 40 CF	licable regulations and warrant that t FR 261.	s; AND, II			
P. Generator Authorized Agent Name	1 F SUCTICACIA e (Print)	n (M) () g. Signature	utt		05 r. Date	h6/10				
TRANSPORTER (G	enerator complete		sporter completes IIc-e)				and the same of th			
fransporter's Name and Address:  ### ### ### #######################	KTSI 43185 N, Hory 41 Zica, Biacois 600 847-395-6202			5	-20	o-7d				
c. Driver Name (Print)		inature Doub	O'lle sessentates III	e. Date						
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	s: Facility	c, US EPA Num WID076171	008 *	ation Spac						
I hereby certify that the above name	d material has been ac	cepted and to the be	st of my knowledge the foreg	oing is tru	e and acc	urate.				
		A marginal and a second	ye	()	[24	<u> 10                                    </u>				
e: Name of Authorized Agent (Print)  IV. ASBESTOS (Genera		nature a-f and Operator o	nomnletes IVg-i)	g. Date/						
a. Operator's Name and Address:	<u> </u>		c. Responsible Agency Nam	ne and Ad	dress:					
b. Phone:			d. Phone:	t Pari II. Italija Dia namanja						
e. Special Handling Instructions and	Additional Information									
f. □ Friable □ Non-Friable	☐Both	% Friable	% Non-Friable	• • • • • • • • • • • • • • • • • • • •	• •					
OPERATOR'S CERTIFICATION: I he are classified, packed, marked and la national governmental regulations.	ereby declare that the cabeled and are in all re	contents of this considerate in proper con	gnment are fully and accurate dition for transport by highwa	ely descric iy accordir	g to appli	by proper snippin cable international	g name and l and			
				: Yestyste						
g. Operator's Name and Title (Print)		gnature rates controls or supr	endess the facility being dam	i. Date	congretate	1 or the demolities	- AF 1			
*Operator refers to the company whi renovation operation or both	cn owns, leases, opera	ates, controls, or supe	arvises the facility being demo	onsnea or	removated	1, or the demondor	101			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Gene	erator completes la	a-r)					
Generator's US EPA ID Number		b. Manifest Docum	nent Number		c. Page	of	
	ISBPA 0 Seaborre Dr. Vankegan, II., 60085 12-286-7078		e. Generator's Malling Address  1 S. Walker Avenue, Suite 3700  Chicago, II. 60606  g. Phone:				
If owner of the generating facility diff	ers from the generator	provide:					
h. Owner's Name:			i. Owner's Phone No.:				
). Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m, Con No.	lainers Type	n. Total Quantity	o. Unit Wt/Vol
N/W 30631060004	2/22/2011	C&D Contas SOppm	ninated w/PCB's less that	,	זמ	21.53	TN
		411	W				A. A.
GENERATOR'S CERTIFICATION: I state law, has been properly descrit this waste is a treatment residue of has been treated in accordance wit	bed, classified and pa a previously restricted	ckaĝed, and is in pro I hazardous wasie s	per condition for transportation while to the Land Disposal R	on accordi estrictions	ng to app s. I certify	licable regulation and warrant that	s; AND, if
P. Generator Authorized Agent Nam	SULTANC AN B (Print)	g (A)A (A) g. Signature	us/1-		∂ ⊊ r. Date	126/10	
		Maria and Comment and the control of	sporter completes IIc-e)				
fransporter's Name and Address: b. Phone: #3じ	KT91 43185 N. Hory 41 Zion, Illinois 60 847-393-6202						
Michael Gill	MW  _	Jan 1	17	<u>ر</u>	<u>'()()'</u>	10	
c. Driver Name (Print) III. DESTINATION (Ger		hature 1	nation Site completes IIIc	e. Date			
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	s: Facility	c US EPA Nun WID076171	nber d. Discrepancy Indica	tion Space			
I hereby certify that the above name	d material has been a	cepted and to the b	est of my knowledge the forego	oing is true	and acc	urate.	
1 PXYP	<u> </u>	1 BUYE		ڪاڏ	16/1	0	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (General)		nature //	completes Wa-i\	g. Dáte			
a. Operator's Name and Address:	ator completes ive	Train Operator	c. Responsible Agency Nam	e and Ado	lress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and	Additional Information						
f. 🗌 Friable 🔲 Non-Friable	□Both	% Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I have classified, packed, marked and lastional governmental regulations.							
g. Operator's Name and Title (Print) *Operator refers to the company wh		inature ates controls or sur	envises the facility being dome	i. Date	renovates	Or the demolitics	100
repovation operation or both	ion omio, idases, opei	aiss, cominiois, or sup	or these trie lacility being deflic	morten of	GIIOVAIGU	, or are deliminal	I VI



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GENERATOR (Gene	erator completes l	a-r) 【b. Manifest Docum	ant Number		c. Page	101		
Generator's US EPA ID Number		D, Wallisest Docum	ant ( <b>v</b> umbe)		o., ayo			
(	SEPA 0 Seaborse Dr. /aukeggn, IL 60085		e. Generator's Mailing Addre Sui Inc I S. Weiker A Chicago, IL 6 g. Phone:	ivesie, S	nike 3700			
If owner of the generating facility diff	12-596-7079 ers from the generator	, provide:		A SECTION				
h. Owner's Name:			i, Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date		ing Name and	m. Cont		n, Total	o. Unit	
		Description			Type	Quantity	Wt/Vol	
MW 3063106004	2/22/2011	C&D Contan (Opper	inated w/PCB's less that		DX			
*								
GENERATOR'S CERTIFICATION: I state law, has been properly descrit this waste is a treatment residue of has been treated in accordance with	bed, classified and pa a previously restricted	ckaged, and is in prop I hazardous waste su	per condition for transportation bject to the Land Disposal Re	n accordi estrictions	ng to app s. I certify	elicable regulati and warrant th	ons; AND, if	
CAROLNISMUST S	DULTRAC GO	iem Ca	r-f-1		OK	26-/6	9	
p. Generator Authorized Agent Nam	e (Print)	q. Signature			r. Date			
		es IIa-b and Trans	porter completes IIc-e)					
fransporter's Name and Address:  b. Phone:	KTSI 43185 N. Hwy 4 Zien, Illinois 60 (* 847-394-6202/		4					
19, dead on	W 1		1	2)	O Y	1 13		
c. Driver Name (Print) III. DESTINATION (Get		inature \} Illa-c and Destin	/ ation Site completes Illo	e. Date  -a\				
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	S: Facility	c. US EPA Num WID076171	ber d. Discrepancy Indicat	tion Space				
I hereby certify that the above name	d material has been a	ccepted and to the be	st of my knowledge the forego	oing is true	e and acc	urate.		
e. Name of Authorized Agent (Print)  IV. ASBESTOS (General		nature	omnletes IVa-i\	g. Date				
IV. ASBESTOS (Genera a, Operator's Name and Address:	ator completes iva	i-i and Operator t	c. Responsible Agency Nam	e and Adc	iress.			
b. Phone:  e. Special Handling Instructions and	Additional Information		d. Phone:					
e. Special Halluling histocions and	Additional information							
f. 🗆 Friable 📗 Non-Friable	☐ Both	% Friable	% Non-Friable					
OPERATOR'S CERTIFICATION: I have classified, packed, marked and I hational governmental regulations.	ereby declare that the abeled and are in all r	contents of this considerate in proper con-	gnment are fully and accurate dition for transport by highway	ly describ accordin	ed above g to appli	by proper ship cable internatio	ping name and nal and	
g. Operator's Name and Title (Print)		nature		i. Date		in in a series of the		
*Operator refers to the company wh renovation operation or both	icn owns, teases, oper	ates, controls, or supe	ervises the facility being demo	usned or	renovated	a, or the demoli	tion or	



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GENERATOR (Generat	or completes la						
Jenerator's US EPA ID Number		b. Manifest Docum	ent Number		c. Page	1 of	
Work	A. ekuse Dr. egas, IL 60085 296, 71778			Address Ler Avenne, S IL 60605	ivite 3700		
If owner of the generating facility differs f		provide:	3				
h. Owner's Name:			i. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		oing Name and		tainers	n. Total	o. Unit
- W	-	Description		No.	Type	Quantity	Wt/Vol
MW 3063106004	2/22/2011	C&D Contan 50ppm	olnsted w/PCB's less t	had i	DT	01.68	TN
l b							
	and the second s						
	V/Z	11/1					
GENERATOR'S CERTIFICATION: I here state law, has been properly described, this waste is a treatment residue of a pr has been treated in accordance with the	classified and pace eviously restricted requirements of	kaged, and is in pro hazardous waste su	per condition for transpor Ibject to the Land Dispos	tation accord al Restriction	ing to app s. I certify	licable regulation and warrant that	is: AND. if
Tom Hallay	€ \					5/29/	110
p. Generator Authorized Agent Name (Pr		q. Signature			T: Date	_/	
TRANSPORTER (Gene ,ransporter's Name and Address:	15.50 E. 10.50 A. 10.00 A. 10	es IIa-b and Trans	porter completes lic	<u>:0)</u>	2 2 2 2 0	spediers	e - 1
515 H	KT81 43185 N. Hwy 41 Zion, Winels 600 847-393-6202		11				
Michael Gill, M	1 /	MAK	ナクラ	5	72	5-70	
c. Driver Name (Print)	jørSig vtor comefictor	nature	ation Site completes	e. Date			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Facil 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	ity .	c. US EPA Num WID076171	ber d. Discrepancy In 008	dication Spac			5
I hereby certify that the above named ma	aterial has been ac	cepted and to the be	st of my knowledge the fo	regoing is tru	e and acc	urgtë.	
W. BUR	1.5	<u> </u>	YK .		<u>/ ご</u>	<u> //O</u>	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator	f. Sign completes IVa	nature -f and Operator o	completes (Va-i)	g, Date'			
a. Operator's Name and Address:			c. Responsible Agency I	Vame and Add	dress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Add	illionai iniormation						
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I herebare classified, packed, marked and label national governmental regulations.	Both y declare that the ced and are in all re	% Friable contents of this consi sspects in proper con	% Non-Friable gnment are fully and accu dition for transport by high	rrately describ nway accordin	ed above g to appli	by proper shippin cable internationa	g name and I and
				1.6-2-			
g. Operator's Name and Title (Print) *Operator refers to the company which o	j n. Sig wns, leases, opera	nature ates, controls, or supe	ervises the facility being d	i. Date emolished or	renovated	, or the demolition	n or
renovation operation or both							



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

d. Generator's Name and Location (1987) A 90's Seabase Dr. Co. 1987 A 18. Waste Shaping Address 18. Waste Average, Seets 3700 (Labelang R. B. 6095) 1 1 2. 2884-7078	GENERATOR (Gene Jeneralers US/ERAID Number	rator completes	la-r) b. Mänifest Docum	nent Number		c. Page	1 of		
h. Owner's Name:    Vaste Profile #   K. Exp. Date   L. Waste Stropp Name and   m. Containers   n. Total   Wilvest Description   No.   Type   Quantity   Wilvest   Wil	d. Generator's Name and Location:	0 Sealairse Ds. Venkogen, IL 60085 12-886-7078		IS. Walker / Chicago, II. (	r Avesse, Suite 3700				
Waste Profile #   R. Exp. Date   Discontinuous   Discontinuo	If owner of the generating facility diffe	ers from the generato	r, provide:						
Description  No. Type Quantity WWol  MY9 3663166014  2/22/2011  2/20 Condaminated wiPCB's less their 1 DT  GENERATOR'S CERTIFICATION: I hereby certify that the above named materal is not a hazardous waste as defined by 40 CFR 281 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 286 and is no proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 286 and is no proper a pazardous waste as additined by 40 CFR 281.  ADD ADD ADD ADD ADD ADD ADD ADD ADD AD	The state of the s		The state of the s			f +			
GENERATOR'S CERTIFICATION: I hereby certify that the above named materal is not a hezardous waste as delined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable state law, has been properly described; classified and packaged, and is in proper condition for transportation according to applicable state law, has been properly described; disasticined transporters to the Land Disposal Pastinition. Leveling and werrant that the waste has been treated in accordance with the requirements of 40 CFR 268 gap is no longer a pleastories weath as defined by 40 CFR 261.  ### CFR 261.  ### CFR 262.  ### CFR 263.  ### CFR 263.  ### CFR 263.  ### CFR 264.  ### CFR 265.  ### CFR 26	j. Waste Profile #	k, Exp. Date		ping Name and					
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, it this waste is a treatment residue of a previously restricted mazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.    Albumistricted Agent Name (Print)	MW 3063106004	2/22/2011	LAD Contac	minated w/PCB's less than	1	DT			
state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, it this waste is a treatment residue of a previously restricted mazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.    Albumistricted Agent Name (Print)	GENERATOR'S CERTIFICATION: I	hereby certify that ti	he above named mate	eral is not a hazardous waste	as define	d by 40 C	FR 261 or any	applicable	
P. Generator Authorized Agent Name (Print)  Q. Signature  TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)  TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e)  TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e)  Physics (1512)  A 1312 N. 1512  state law, has been properly describ	bed, classified and pa a previously restricte	ackaged, and is in pro ed hazardous waste s	oper condition for transportation Subject to the Land Disposal R	on accordi Restriction:	ing to app s. I certify d by 40 Ci	plicable regulation and warrant the FR 261.	ions; AND, if hat the waste		
TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-e)  Transporter's Name and Address:  TSI  43185 N. 18wy 41  243185 N. 18wy 41  243185 N. 18wy 41  2522 Milacus 60000  437-395-5200  247-395-5200  252-395-52		ITHAC FOR	LUIT CA	cutton.			- 25-10	)	
As 188 N. Rwy 41  Zon Bline's 6009  b. Phoge:  C. Driver Name (Print)  d. Signature  a. Date  III. DESTINATION (Generator completes illa-c and Destination Site completes Illd-g)  a. Disposal Facility and Site Address:  Kestrol Hawk Recycling & Disposal Facility 1989 Oakes Road  Racine, WI 5340e  b. Phone:  6. Name of Authorized Agent (Print)  I. Signature  J. Signature  J. Date  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  c. Responsible Agency Name and Address:  d. Phone:  J. Priable  Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and real classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  I. Date			The second secon			r. Date			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Facility 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  e. Name of Authorized Agent (Print)  I. Signature  g. Date  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-j) a. Operator's Name and Address:  c. Responsible Agency Name and Address:  d. Phone: e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both Friable Won-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date	Michael On c. Driver Name (Print)	43185 N. Hwy 4 Zion, Illinois 60 847-393-6202	occionature .	- 11- Silva completes IIII		- <b>J</b> 5	70	**************************************	
Kestrel Hawk Recycling & Disposal Facility 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  e. Name of Authorized Agent (Print)  I. Signature  g. Date  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i) a. Operator's Name and Address:  c. Responsible Agency Name and Address:  b. Phone: d. Phone: e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both Friable Non-Friable Serrification: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date						Δ'			
I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate.  e. Name of Authorized Agent (Print)  I. Signature  g. Date  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  c. Responsible Agency Name and Address:  b. Phone:  d. Phone:  e. Special Handling Instructions and Additional Information:  f.   Friable   Non-Friable   Both   % Friable   % Non-Friable    OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date	Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406	Facility							
IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  b. Phone:  c. Responsible Agency Name and Address:  b. Phone:  d. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both Friable Won-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date	I hereby certify that the above name	d material has been	accepted and to the b	est of my knowledge the foreg	oing is tru	e and acc	urate.		
IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  b. Phone:  c. Responsible Agency Name and Address:  d. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both Friable Won-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date									
a. Operator's Name and Address:  b. Phone:  c. Responsible Agency Name and Address:  b. Phone:  d. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both % Friable % Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date	e. Name of Authorized Agent (Print)	1. Sk	gnature	somolotos (Va-i)	g. Date				
e. Special Handling Instructions and Additional Information:  f. ☐ Friable ☐ Non-Friable ☐ Both		IIOI completes iv	d-Tanu Operator		e and Add	dress:			
f. Friable Non-Friable Both % Friable % Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name an are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print) h. Signature i. Date				d. Phone:					
OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name an are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.  g. Operator's Name and Title (Print)  h. Signature  i. Date	e. Special Handling Instructions and	Additional Informatio	in:						
	OPERATOR'S CERTIFICATION: I have classified, packed, marked and	ereby declare that the	e contents of this cons	signment are fully and accurate	ely describ y accordir	ped above	by proper ship icable internation	ping name and and and and	
	g. Operator's Name and Title (Print)			nandeas the facility being demo		ronovater	d or the demoli	ilian ar	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

nerator's US EPA ID Number		b. Manifest Docu	ument Number c. Page 1 of					
l. Generator's Name and Location:	JSKPA 70 Sealiorse Dr. Wankegan, IL 6008:		Sulines 15, Walk	1 S. Walker Avenne, Stable 3700 Chicago, IL 60606				
owner of the generating facility diff	fers from the generat	or, provide:						
, Owner's Name:			i. Owner's Phone No.:					
Waste Profile #	k, Exp. Date	I. Waste Sh Description	pping Name and	m. Con No.	lainers Type	n. Total Quantity	o. Unit Wt/Vol	
MW 3063106004	2/22/2011	C&D Conta 50ppm	uninated w/PCB's less ti	18 J	DT	21,7	472	
	1		1					
	1 3/1/1	1/1/4/						
BENERATOR'S CERTIFICATION: tate law, has been properly descr his waste is a treatment residue o has been treated in accordance wi	ibed, classified and [	packageo, anuls ili p	subject to the Land Dispose	I Restriction:	s. I certify	and warrant th		
					100	126711	)	
CAROL NISSENDE	DUCTILAL TOXI	A Signature			r. Date			
o Generator Authorized Agent Nan	ne (Print)	g. Signature	nsporter completes lic	·e)	r. Date			
D. Generator Authorized Agent Nan TRANSPORTER (	ne (Print) Generator comple	g. Signature	nsporter completes IIc	·e)	r. Date			
Generator Authorized Agent Nan	ne (Print) Generator comple 3: KTSI 43183 N. Hwy Zion, Illianis (	q. Signature   =   etes; la-b and Tra 	nsporter completes lic	·e)	r Date		<b>-</b>	
D. Generator Authorized Agent Nan TRANSPORTER (( ansporter's Name and Address # 3   3	ne (Print) Generator comple KIBI 43183 N. Hwy Zioe, Blisnis ( 847-395-6202	q. Signature   etqs; la-p and Tra		-a   5 <sup>-</sup> -	r Date	~/O		
Delicar Name (Print)	ne (Print) Generator comple S: K151 43165 N. Hay Zion, Illisois 647-395-6202	q. Signature   etes; la-b and Tra		3 5-	r. Date	-10		
D. Generator Authorized Agent Nan II TRANSPORTER (Cansporter's Name and Address  H 3   3   3   D. Phone: D. Driver Name (Print) III. DESTINATION (Ge	ne (Print) Generator comple  KTSI 43183 N. Hwy Zion, Illisois ( 847-395-6202  Generator complete	Iq. Signature  ates, IIa-b and Tra  41  50099  Signature  as IIIa-c and Desi	ination Site completes	e. Date	- 25	-70		
D. Generator Authorized Agent Nan  I TRANSPORTER (( ansporter's Name and Address  J 3 3  D. Phone:  D. Driver Name (Print)  III. DESTINATION (Generated Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406	ne (Print) Generator comple  K181 43183 N. Hwy Zion, Elisade 847-395-6202  (L3.   Complete ss:	q. Signature   etes; la-b and Tra	ination Site completes	e. Date	- 25	-10		
D. Generator Authorized Agent Nan  I TRANSPORTER ( ansporter's Name and Address  THANSPORTER ( ansporter's Name and Address  THANSPORTER ( ansporter's Name (Print)  III. DESTINATION (Geometric Name (Print))	ne (Print) Generator complete S: K151 43153 N. Hwy Zion, Histois ( 847-395-6202 (C) Generator complete ss: I Facility	etes lla-b and Tra  41  50099	cination Site completes timber d. Discrepancy Interest 71008	e. Date Illd-g) dication Space	- <b>ე</b> 5 e:	curate.		
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D. Generator Authorized Agent Name I TRANSPORTER ( ansporter's Name and Address  D. Phone:  D. Driver Name (Print)  III. DESTINATION (Geometric Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406  D. Phone: (262) 884-7080  I hereby certify that the above name of Authorized Agent (Print)	ne (Print) Generator complete S: K151 43163 N. Hwy Zios, Miscos (47-395-6202  Generator complete Ss: I Facility  ned material has been	etes;lla-b and Tra  41  50099  i Turner Common Comm	ination Site completes umber d. Discrepancy Inc. 71008 best of my knowledge the for	g. Date	e:			
D. Generator Authorized Agent Nam  TRANSPORTER (Canaporter's Name and Address  TRANSPORTER (Canaporter's Name (Print)  DESTINATION (George Language Canaporter's Name (Print)  DESTINATION (George Language Canaporter's Name (Print)  DESTINATION (George Language Canaporter's Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)  Name of Authorized Agent (Print)	ne (Print) Generator complete S: K151 43163 N. Hwy Zios, Miscos (47-395-6202  Generator complete Ss: I Facility  ned material has been	etes;lla-b and Tra  41  50099  i Turner Common Comm	tination Site completes umber d. Discrepancy in 71008 best of my knowledge the to	g. Date	e:			
Destination (Generator Authorized Agent Name and Address Agent (Frint)  Destination (Generator Name (Print))  Destination (Generator Name (G	ne (Print) Generator completes   13	Iq. Signature etqs; IIa-b and Tra  41 5099 Signature es IIIa-c and Des c. US EPA N WID0761 n accepted and to the Signature Va-f and Operato	ination Site completes umber d. Discrepancy Inc. 71008 best of my knowledge the for	g. Date	e:			
D. Generator Authorized Agent Nam  I TRANSPORTER (( ansporter's Name and Address  D. Phone:  D. Driver Name (Print)  III. DESTINATION (Ge a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above nam  N. KACA  E. Name of Authorized Agent (Print  IV. ASBESTOS (Gene a. Operator's Name and Address:  b. Phone:	ne (Print) Generator completes   13	Iq. Signature etqs; IIa-b and Tra  41 5099 Signature es IIIa-c and Des c. US EPA N WID0761 n accepted and to the Signature Va-f and Operato	best of my knowledge the for completes IVg-i)  c. Responsible Agency I	g. Date	e:			
p. Generator Authorized Agent Nam  I TRANSPORTER (( ansporter's Name and Address  # 3 3 3  b. Phone:  C. Driver Name (Print)  III. DESTINATION (Ge a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above nam  S. KACAN  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Gene a. Operator's Name and Address:  b. Phone: e. Special Handling Instructions ar	ne (Print) Generator completes  K151 43163 N. Havy Zion, Elisais (47-395-6202  denerator complete ss: I Facility  ned material has been not Additional Informa	Signature  Signature  C. US EPA N  WIDO761  Accepted and to the  Va-f and Operato	best of my knowledge the for completes IVg-i)  c. Responsible Agency I  d. Phone:	e. Date Illd-g) dication Space regoing is tru g. Date	e:  e and according to the second sec	10		
p. Generator Authorized Agent Nam I TRANSPORTER (Cansporter's Name and Address  # 3 13  b. Phone:  C. Driver Name (Print)  III. DESTINATION (George Agent Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406  b. Phone: (262) 884-7080  I hereby certify that the above nam  S. KASA  e. Name of Authorized Agent (Print IV. ASBESTOS (General Agent Address:  b. Phone:	ne (Print) Generator completes  K151 43163 N. Havy Zion, Elisais ( 47-395-6202  Generator complete ss: I Facility  ned material has been in a facility  Tator completes I  Both hereby declare that is diabeled and are in a	Iq. Signature etqs; IIa-b and Tra  41 50099 Signature es IIIa-c and Des c. US EPA N WID0761 n accepted and to the Va-f and Operato  % Friable	best of my knowledge the for completes IVg-i)  c. Responsible Agency for d. Phone:	e. Date IIId-g) dication Space regoing is tru g. Date Name and Ad	e:	a by proper shi	opling name and	
p. Generator Authorized Agent Nam  I TRANSPORTER (( ansporter's Name and Address  # 3   3   b. Phone:  C. Driver Name (Print)  III. DESTINATION (Ge a Disposal Facility and Site Address (Restrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above nam  S. KACAAA  e. Name of Authorized Agent (Print  IV. ASBESTOS (Gene a. Operator's Name and Address:  b. Phone: e. Special Handling Instructions ar  f. □ Friable □ Non-Friable  OPERATOR'S CERTIFICATION: I are classified packed, marked and	ne (Print) Generator completes  K151 43163 N. Havy Zion, Elisais ( 47-395-6202  Generator complete ss: I Facility  ned material has been in a facility  Tator completes I  Both hereby declare that is diabeled and are in a	Iq. Signature etqs; IIa-b and Tra  41 50099 Signature es IIIa-c and Des c. US EPA N WID0761 n accepted and to the Va-f and Operato  % Friable	best of my knowledge the for completes IVg-i)  c. Responsible Agency for d. Phone:	e. Date IIId-g) dication Space regoing is tru g. Date Name and Ad	e:	a by proper shi	oping name and	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

Generalor's US ERA ID Number	erator comple	b. M	anifest Docume	nt Number		c. Page 1 of			
Generator's Name and Location:	8) Seelause De. Naukegen, IL 60 NA 286, 2078			e. Generator's Mailing Address Suffee 1 S. Walker A Chicago, IL 6	kvenne, Si	100, Suite 3780 6			
owner of the generating facility dif	fers from the gen	erator, provid	de:						
Owner's Name:				i. Owner's Phone No.:	m, Con	ainore	n. Total	o. Unit	
Waste Profile #	k. Exp. Da	ite	I. Waste Shipping Name and Description		No.	Туре	Quantity	Wt/Vol	
MW 3063106004 2/22		1	C&D Contain 50ppsn	inated w/PCH's less than	1	DT	21.75	TN	
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has been treated in accordance w	VIII IIIA LAdollollic	ents of 40 GI	FH 268 and 1s r	O longer a mazardous waste				10	
Tom HAHA	<u> </u>		<u> </u>			r. Date	7		
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TRANSPORTER (  ransporter's Name and Addres	Generator cor	mpletes lla	gnature a-b. and Tran	sporter completes IIc-e)	2 000000		en en en en en en en en en en en en en e		
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b. Phone:	Generator Cor S: KTSI 43185 N. I Zion, Illia 647-395-6	mpletes lla Hoy 41 olz 60099 202	a-b and Tran	A.	e, Date		5 1/0		
transporter's Name and Addres  b. Plugne:  c. Driver Name (Print)  DESTINATION (G.  a. Disposal Facility and Site Addres  Kestrel Hawk Recycling & Disposal	Generator Consists M. 1 25ca. Miss Miss M. 1 25ca. Miss Miss M. 1 25ca. Miss Miss M. 1 25ca. M	mpletes lla Hoy 41 olz 60099 202	a-b and Tran	nation Site completes III	e, Date	5-8	57)		
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transporter's Name and Addres  b. Plane:  c. Driver Name (Print)  iii. DESTINATION (G. a. Disposal Facility and Site Addres  Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406  b. Phone: (262) 884-7080  I hereby certify that the above name	Generator Cor 43133 M. I Zica, Miss 647-395-6 denerator com ess; al Facility	mpletes IIa flay 41 ols 60029 202 d. Signatu pletes IIIa	re -c and Destli c. US EPA Nur WID07617	nation Site completes III mber d. Discrepancy Indic 1,008	e. Date Id-g) ation Spa	<u>ζ</u> -∂			
b. Phone:  c. Driver Name (Print)  iii. DESTINATION (G. a. Disposal Facility and Site Addres (Sestrel Hawk Recycling & Disposal Facility Addres (Sestrel Hawk Recycling & Disposal Facilit	Generator cores: KTSI 43133 N. I 7504 Miss 647-393-6 denerator compess: al Facility med material has	mpletes IIa de 60099 202 d. Signatu pletes IIIa	re c and Destin WID07617	nation Site completes III nber d. Discrepancy Indic 1008  nest of my knowledge the fore	e. Date Id-g) ation Spa	<u>ζ</u> -∂			
b. Phone:  c. Driver Name (Print)  DESTINATION (G. a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal Facility and Site Addres (Print)  Historia (St. 1989) Oakes Road Racine, WI 53406  b. Phone: (262) 884-7080  I hereby certify that the above name of the print of the property of th	Generator cores: KTSJ 43133 N. J 750a, Miss S47-393-6 Generator compess: all Facility  med material has	mpletes IIa de 60099 202 d. Signatu pletes IIIa	re c and Destin WID07617	nation Site completes III nber d. Discrepancy Indice 1008  sest of my knowledge the fore Completes IVg-i)	e. Date Id-g) ation Spa going is tr	ce:			
transporter's Name and Addres b. Phone: c. Driver Name (Print) iii. DESTINATION (G a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above name	Generator corple  S: KTSI  43183 M. I  Fice, Illian  E47-395-6  denerator com  ess: al Facility  med material has  int) erator comple	mpletes IIa de 60099 202 d. Signatu pletes IIIa	re c and Destin WID07617	nation Site completes III nber d. Discrepancy Indic 1008  nest of my knowledge the fore	e. Date Id-g) ation Spa going is tr	ce:			
transporter's Name and Address b. Phone:  c. Driver Name (Print)  iii. DESTINATION (G. a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, Wi 53406 b. Phone: (262) 884-7080 I hereby certify that the above name of Authorized Agent (Print)  iv. ASBESTOS (Genual Operator's Name and Address	Generator corps: KTSJ 43133 N J 200, 1830 847-395-6 Generator compless: al Facility med material has int) erator comples:	mpletes IIa de 60999 202 d. Signatu pletes IIIa been accep f. Signatu tes IVa-f a	re c and Destin WID07617	nation Site completes III nber d. Discrepancy Indice 1008  sest of my knowledge the fore Completes IVg-i)	e. Date Id-g) ation Spa going is tr	ce:			
transporter's Name and Address of	Generator corps: KTSJ 43133 N J 200, 1830 847-395-6 Generator compless: al Facility med material has int) erator comples:	mpletes IIa de 60999 202 d. Signatu pletes IIIa been accep f. Signatu tes IVa-f a	re c and Destin WID07617	nation Site completes III mber d. Discrepancy Indication 1008  sest of my knowledge the fore completes IVg-i) c. Responsible Agency Na	e. Date Id-g) ation Spa going is tr	ce:			
b. Phone: e. Special Handling Instructions a	Generator corps: KTSJ 43133 N. J 500 Miss 647-393-6 Generator compless: al Facility  med material has erator comple :	mpletes IIa  Grant Signatu  pletes IIIa  been accep  f. Signatu  tes IVa-f a	a-b and Transer  re -c and Destir c. US EPA Nur WID07617  ted and to the b	nation Site completes III mber d. Discrepancy Indication 1008  sest of my knowledge the fore completes IVg-i) c. Responsible Agency Na d. Phone:  % Non-Friable	going is tr	ce:	curate.	ping name	
b. Phone:  c. Driver Name (Print)  III. DESTINATION (G.  a. Disposal Facility and Site Addres  Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above name of Authorized Agent (Print)  IV. ASBESTOS (Genual Operator's Name and Address	Generator Corps: KTSJ 43133 M.J 2004 Miss 247-393-6 Generator Compless: al Facility  med material has erator comple: : and Additional Info   Both   hereby declare and labeled and all	mpletes IIa  Grant Signatu  pletes IIIa  been accep  f. Signatu  tes IVa-f a	a-b and Transer  re -c and Destir c. US EPA Nur WID07617  ted and to the b	nation Site completes III mber d. Discrepancy Indication 1008  sest of my knowledge the fore completes IVg-i) c. Responsible Agency Na d. Phone:  % Non-Friable	going is tr	ce:	curate.	ping name	
transporter's Name and Address b. Phyric C. Driver Name (Print) III. DESTINATION (G. a. Disposal Facility and Site Address 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above nate of Authorized Agent (Print) IV. ASBESTOS (Gentary Company of Authorized Agent (Print) B. Phone:  e. Special Handling Instructions and Address b. Phone:  e. Special Handling Instructions are classified, packed, marked a	Generator corps: XTSI 43185 N. I Zice, IBis E47-395-6  Generator compless: al Facility  med material has erator comples: and Additional info	mpletes lla  Hory 41  ola 60099  2002  d. Signatu  pletes Illa-  been accep  f. Signatu  tes IVa-f a  cormation:	re -c and Destif c. US EPA Nur WID07617  ted and to the b re ind Operator	nation Site completes III mber d. Discrepancy Indications desired in the forest of my knowledge the fore completes IVg-i) c. Responsible Agency Na d. Phone:  % Non-Friable insignment are fully and accurrondition for transport by high	going is tr	ce:  ue and ac  ddress:	ve by proper ship		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Genera	tor completes	la-r)					
enerators I S.E.F.A.ID Number		b. Manifest Docum	ent Number		c. Page 1	of	
Wan	taborie Dr. kepan, IU 60085 886-7078		e, Generator's Malling Address 15. Walker A Chicago, IL 6	ivenue, S	nite 3700		
h. Owner's Name:			I. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date		oing Name and	m. Con	Description of the Control of the Co	n. Total	o. Unit
		Description		No.	Туре	Quantity	Wt/Vol
MW 3063106004	2/22/2011	C&D Contan 10ppm	ninsted w/PCD's less than	1	DT		
GENERATOR'S CERTIFICATION: I he state law, has been properly described this waste is a treatment residue of a p has been treated in accordance with the	, classified and p reviously restricte	ackaged, and is in prop ed hazardous waste su	per condition for transportation bject to the Land Disposal Re	n accordi estrictions	ng to appl s. I certify	icable regulat and warrant ti	ions: AND, if
( PAROL NISSEN OF SUI	TICAC OCL	SEPA Cu.	ydr-		05 r. Date	-ZG-10	Ø
p. Generator Authorized Agent Name (F TRANSPORTER (Gen			norter completes (Ic-e)		i i. Dale		
ransporter's Name and Address: b. Phone:	KTEI 43185 N. Hwy Zico, Illinois 6 847-395-6202	43	<b>)</b>				
Lun BW		July Park	<i>7</i>	Υ .	1	The South	
o. Driver Name (Print)		ignature /		e. Date			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Faci 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	lily	c. US EPA Num WID076171	008	ion Spac			
I hereby certify that the above named m	aterial has been	accepted and to the be	st of my knowledge the forego	ing is true	and accu	ırate.	
Labert							
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator		gnature /o.f.and Operator o		g. Date			
a. Operator's Name and Address:	completes (v	a rana Operator o	c. Responsible Agency Name	and Add	lress:		
b. Phone:			d. Phone:				
Special Handling Instructions and Ad-	ditional Informatio	on:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I heret are classified, packed, marked and labe national governmental regulations.	☐ Both by declare that the led and are in all	% Friable e contents of this consi- respects in proper con-	% Non-Friable gnment are fully and accuratel dition for transport by highway	y describ accordin	ed above l g to applic	by proper ship able internation	ping name and anal and
g. Operator's Name and Title (Print)	h S	Signature		i. Date			
*Operator refers to the company which renovation operation or both	owns, leases, ope	erales, controls, or supe			renovated	or the demoli	tion or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Ger	erator completes	la-r) b. Manifest Docum	nent Number		c. Page	1 of		
	USEPA 00 Scalaure Dr. Waskogan, IL 6008; 212-256-7078	i	e. Generator's Mailing Add Set True 1 S. Walker Chicago, II.	ser Avenne, Suite 3700				
If owner of the generating facility di		or, provide:						
h. Owner's Name:			I. Owner's Phone No.:					
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o, Unit Wt/Vol	
MW 3063106004	2/22/2011	CAD Corts Soppo	minated w/PCB's less tha	. 1	DT	20.0	287	
	·     · · ·   · · · · · · · · · · · · ·		4					
	J/1, /	///////						
GENERATOR'S CERTIFICATION: state law, has been properly descri- this waste is a treatment residue of has been treated in accordance with	bed, classified and p a previously restrict	ąckagėd, and is in pro ed hazardous waste s	per condition for transportation ubject to the Land Disposal R	on accordi lestrictions	ng to app	licable regulation	ne AND if	
CARAC NISSENO	F SULTRACE	inUSCOA	Castl-		05	126/10	3	
p. Generator Authorized Agent Nam	A STEELE MARKET STATE OF THE ST	q. Signature	~ <i>p</i>		r. Date			
/ansporter's Name and Address		tes ila-b and Irans	sporter completes (lc-e)		A - C - W	on the state of th		
b. Phone:	KTSI 43185 N. Havy / Zion, Eknois 6i 847-365-6202		1,					
Lam 6 M2		5/1/6		(	r"	25-1	0	
c. Driver Name (Print) III. DESTINATION (Get		griature/	- L - O4 - L - 4 - 111	e. Date				
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	s: Facility	ç US EPA Nurr WID076171	008	tion Space				
I hereby certify that the above name	d material has been a	accepted and to the be	st of my knowledge the forego	oing is true		· ·		
S, KNGAN e. Name of Authorized Agent (Print)	f cu	gnature Syl		5	<u> </u>	10		
IV. ASBESTOS (Genera			completes IVg-i)	g. Date				
Operator's Name and Address:			c. Responsible Agency Name	e and Addı	ess:			
b. Phone:			d, Phone:					
e. Special Handling Instructions and	Additional Informatio	u: Y						
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I he are classified, packed, marked and I national governmental regulations.	☐ Both ereby declare that the abeled and are in all i	% Friable contents of this consign espects in proper con-	% Non-Friable gnment are fully and accurated dition for transport by highway	y describe according	d above t to applica	y proper shippir able internations	ng name and il and	
g. Operator's Name and Title (Print)	h Ci	gnature		I. Date				
*Operator refers to the company whi renovation operation or both	ch owns, leases, ope	rates, controls, or supe	l ervises the facility being demol	ished or re	novated,	or the demolitio	n or	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

GENERATOR (Gen	erator comple		<u> </u>	L - L		c. Page			
Generator's US EPA ID Number		0.1	Manifest Docum	ent Number		C. raye	, 0		
f. Phone:	JEEPA 10 Seeksre Dr. Vankegan, IL 6 112-226-7072			e. Generator's Mailing Addressor Its. Walker A Chicago, IL ( g. Phone:	Avenue, S	sile 3700			
If owner of the generating facility dif	fers from the ger	ierator, prov	nde:						
h. Owner's Name:	- F		Lucia de ous	i. Owner's Phone No.:	m. Con	tainers	n. Total	o. Unit	
j. Waste Profile #	k. Exp. D	k. Exp. Date I. Waste Ship Description		ping Name and	No.	Туре	Quantity	Wt/Vol	
MW 3063106004	2/22/201	<b>.</b>	C&D Contes SOppro	ninsted w/PCB's less than	1	DT	21.23	TN	
GENERATOR'S CERTIFICATION:		n de se	1	Value not o hazardous waste	as deliner	d by 40 C	FR 261 or any ap	plicable	
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance wi	ibed, classified a	and package	ea, and is in pro	ubject to the Land Disness! B	astriction	s I certifu	and warrant that		
Tom Hallo	<u> </u>	9-1-	<u>. V :</u>			r. Date	5/2 <b>9</b> /	/0	
p. Generator Authorized Agent Nan	ne (Prini) Concretor cot		ignature a.h and Tran	sporter completes IIc-e)	•				
fransporter's Name and Address b. Phone:	KTBI 49185 N. I Zico, Min 847-395-6	ois 60099	N.						
Low Witte	Mr)	1,117	, MAN	<i>[pt</i> ]		S	12-10		
c. Driver Name (Print)		d. Signatú	ré <u>/ / /</u> -c and Destir	nation Site completes IIIo	e. Date				
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposa 1989 Oakes Road Racine, WI 53406	ss: I Facility		c. US EPA Nur WID07617	nber d. Discrepancy Indica	ilion Spac				
I hereby certify that the above name	ed material has	been accep	ted and to the b	est of my knowledge the toreg	Oligis iiu		J.		
U.Bue	<b>V</b>	1 02-23	<u>. ドラル</u>	yc .	g. Date/	107 ).	//( )		
e. Name of Authorized Agent (Print IV. ASBESTOS (Gene	u rator complet	f. Signatu es IVa-f a	nd Operator	completes IVg-I)	_ <u></u>				
a. Operator's Name and Address: b. Phone:				c. Responsible Agency Nan d. Phone:	ne and Ad	dress:			
e. Special Handling Instructions ar	nd Additional Info	rmation:							
f. Friable Non-Friable	☐ Both	9	6 Friable	% Non-Friable				(m nama	
OPERATOR'S CERTIFICATION: I are classified, packed, marked and national governmental regulations.	i labeled and are	hat the cont in all respe	ents of this cons ects in proper co	signment are fully and accurate indition for transport by highwa	ely descri ly accordi	ng to appl	oy proper shippir Icable Internations	ig name and ii and	
1									
g. Operator's Name and Title (Prin	t)	h. Signati	(ie	y	i. Date		u solt sols sols sol	2 25	
*Operator's Name and Title (Fill)  *Operator refers to the company was consistent operation or both	hich owns, lease	es, operates	, controls, or su	pervises the facility being dem	olished of	r renovate	a, or the demolitio	II OF	



If waste is asbestos waste, complete Sections I, II, III and IV II waste is NOT asbestos waste, complete Sections I, II, and III

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GENERATOR (Generator completes la-r) Generalor's US EPA ID Number b. Manifest Document Number c. Page 1 of d. Generator's Name and Location: e. Generator's Mailing Address 30 Seekore Dr. 1 S. Walker Avenue, Suite 3700 Chicago, IL 60606 Wadkegeo, IL 60085 g. Phone: f. Phone: f. Phone: 312.886.7078
If owner of the generating facility differs from the generator, provide: i. Owner's Phone No.: h. Owner's Name: j. Waste Profile # k. Exp. Date I. Waste Shipping Name and m. Containers n. Total o. Unit Wt/Vol Quantity Description No. Type 7 / V 1 DT MW 3063106004 2/22/2011 &D Contaminated w/PCB's less that Open GENERATOR'S CERTIFICATION: I hereby certify that the above named materal is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. MINE p. Generator Authorized Agent Name (Print) q. Signature TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) ransporter's Name and Address: KISI 43185 N. Hwy 41 Zico, Minais 6009) 847-399-6202 b. Phone: d Signature c. Driver Name (Print) DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g) d. Discrepancy Indication Space: a. Disposal Facility and Site Address: c. US EPA Number Kestrel Hawk Recycling & Disposal Facility WID076171008 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature ASBESTOS (Generator completes IVa-f and Operator completes IVg-i) a. Operator's Name and Address: c. Responsible Agency Name and Address: d. Phone: b. Phone: e. Special Handling Instructions and Additional Information: % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. f. | Friable ■ Non-Friable ☐ Both g. Operator's Name and Title (Print) h. Signature i. Date \*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or renovation operation or both



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

Generators US-EPA ID Number		a-r) b. Manifest Docum					
f. Phone: 319	Seeborse Dr. degga, IL 60035 1.885.7078	- Control	e. Generator's Mailing Address Trac 1 S. Walker A Chicago, IL 6 g. Phone:	vame, S	site 3700		
If owner of the generating facility differs	s from the generato	r, provide:					
h, Owner's Name:	Tre-pa	L Wests Chin	i. Owner's Phone No.: ping Name and	m. Containers n. Total			o. Unit
j.Waste Profile #	k. Exp. Date	Description	pang wante and	No.	Туре	Quantity	Wt/Vol
MW 3063106004	2/22/2011	C&D Contai 50ppsa	ninated w/PCB's less than	1	DT		
GENERATOR'S CERTIFICATION: I he state law, has been properly describe this waste is a treatment residue of a has been treated in accordance with the state of the	d, classified and pa	ickaged, and is in pro id hazardous waste s	oper condition for transportation the condition for the Land Disposal R	n accordi estriction:	ng to app s. I certify	and warrant th	UIIS. MIND. II
Tom HAHN	K (	レンス			(	5/24/	10
p. Generator Authorized Agent Name (	(Print)	q. Signature			r. Date		
	nerator complet	tes IIa-b and Tran	sporter completes IIc-e)				
Transporter's Name and Address:	Kiri						
h Phone:	43185 N. Hwy 4 Ziou, Illinois 60 847-395-6202	11 1099					
	43185 N. Hery 4 Ziou, filiacis 60 847-395-6202	11 1000 				7 4-70	
C Driver Name (Print)	Ziou, filiacis 60 847-395-6202	lgnature		e. Date	• • • • • • • • • • • • • • • • • • •	3 <sup>1</sup> 7-70	
c. Driver Name (Print)  III. DESTINATION (Gene	Ziou, filiacis 60 847-395-6202	Ignature s Illa-c and Destin	nation Site completes IIIc	d-g)	3 3	7 <sup>1</sup> 7-70	
c. Driver Name (Print)  III. DESTINATION (Gene a, Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406	Zies, Blissis 60 847-393-6202 7 1/7 d. Si erator completes	lgnature	nber d. Discrepancy Indica	d-g)	e:	3 <sup>1</sup> 7-70	
c. Driver Name (Print)  III. DESTINATION (General Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Facility and Site Address: Market Hawk Recycling & Disposal Facility Address: Restrel Hawk Recycling & Disposal Facility Recyc	Zies, Blissis 60 847-395-6202 + // d. Si erator completes acility	Ignature s fila-c and Destin c. US EPA Nur WID07617	nber d. Discrepancy Indica	il-g) Illon Spac			
c. Driver Name (Print)  III. DESTINATION (Gene a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	Zies, Blissis 60 847-395-6202 + // d. Si erator completes acility	Ignature s fila-c and Destin c. US EPA Nur WID07617	nber d. Discrepancy Indica	d-g) Ition Spac			
c. Driver Name (Print)  III. DESTINATION (Gene a, Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named	Zios, filiacis 60 847-393-6202  d. Si erator completes acility  material has been	ignature s Illa-c and Destin c. US EPA Nur WID07617 accepted and to the b	nber d. Discrepancy Indica 1008 est of my knowledge the foreg	il-g) Illon Spac			
c. Driver Name (Print)  III. DESTINATION (General Actions of the Control of the C	Zios, filiacis 60 847-393-6202  d. Si erator completes acility  material has been	ignature s Illa-c and Destin c. US EPA Nur WID07617 accepted and to the b	nber d. Discrepancy Indica 1008 est of my knowledge the forego	i-g) tilon Spac oing is tru g. Date	e and acc		
c. Driver Name (Print)  III. DESTINATION (Gene a, Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named	Zios, filiacis 60 847-393-6202  d. Si erator completes acility  material has been	ignature s Illa-c and Destin c. US EPA Nur WID07617 accepted and to the b	est of my knowledge the foreg  completes IVg-i)  c. Responsible Agency Nam	i-g) tilon Spac oing is tru g. Date	e and acc		
c. Driver Name (Print)  III. DESTINATION (Gene a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generat a. Operator's Name and Address:  b. Phone:	Zies, Blissis 60 847-393-6202  d. Sierator completes acility  material has been f. Si for completes IV	ignature s Illa-c and Destin c. US EPA Nur WID07617 accepted and to the b	nber d. Discrepancy Indica 1008 est of my knowledge the forego	i-g) tilon Spac oing is tru g. Date	e and acc		
c. Driver Name (Print)  III. DESTINATION (Gene a, Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generat a. Operator's Name and Address:	Zies, Blissis 60 847-393-6202  d. Sierator completes acility  material has been f. Si for completes IV	ignature s Illa-c and Destin c. US EPA Nur WID07617 accepted and to the b	est of my knowledge the foreg  completes IVg-I)  c. Responsible Agency Nam	i-g) tilon Spac oing is tru g. Date	e and acc		
c. Driver Name (Print)  III. DESTINATION (Gene a, Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generat a. Operator's Name and Address:  b. Phone:	Zies Blissis 66 847-395-6202  d. Sierator completes acility  material has been a f. Si tor completes IV	Ignature s Illa-c and Destir c. US EPA Nur WID07617 accepted and to the b gnature /a-f and Operator  % Friable a contents of this con-	est of my knowledge the foregon completes IVg-i)  c. Responsible Agency Nam  d. Phone:	d-g) tilon Spac oing is tru g. Date ne and Ad	e and acc	ourate.	ping name and
c. Driver Name (Print)  III. DESTINATION (Gene a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above named  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generat a. Operator's Name and Address:  b. Phone: e. Special Handling Instructions and Address:  f. ☐ Friable ☐ Non-Friable  OPERATOR'S CERTIFICATION: I here are classified, packed, marked and la	Zies Blissis 66 847-393-6202  d. Sierator completes acility  material has been a  f. Si tor completes IV  Additional Information  Both reby declare that the beled and are in all	Ignature s Illa-c and Destir c. US EPA Nur WID07617 accepted and to the b gnature /a-f and Operator  % Friable a contents of this con-	est of my knowledge the foregon completes IVg-i)  c. Responsible Agency Nam  d. Phone:	d-g) tilon Spac oing is tru g. Date ne and Ad	e and acc	ourate.	ping name and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Gen Generators US FRA ID Number	erator complete	s Ia-r) b. Manifest Docui	ment Number		c. Page	1 of	
	JSEPA O Seahouse Dz. Vankegas, IL. 6008 112-886-7078	8	e. Generator's Mailing Addr ise I sa I S. Welker Chicago, IL	Aveaue, S	indte 3700		
f owner of the generating facility dif		itor, provide:					
n. Owner's Name:			i. Owner's Phone No.:				
.Waste Profile #	k. Exp. Date	I. Waste Shi Description	pping Name and	m. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106004	2/22/2011	C&D Conta 50ppm	enjowed w/PCB's less than		DI	pq.95	11/
					,		
	. /	1/1					
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance wi	ibed, classified and f a previously restric	'packaged, and is/in pi vied házardóus waste	roper condition for transportati subject to the Land Disposal P	on accord	ling to app is. I certify	nicable regulation and warrant that	ns; ANU, II
Jam HAHNE	/ U \$	q, Signature			r Date/	124/10	2
p. Generator Authorized Agent Nan	ie (mini) Penerator como		nsporter completes IIc-e)		7 Daily		
b. Phone:	43185 N. Har Zica, Illiacia 847-395-6202	60099	- <del> </del>				
1002 Coll	<u>//                                   </u>	Signature ( )		e. Date	- 6"	_ 14 7	3
c. Driver Namé (Print) III. DESTINATION (Ge			ination Site completes III		4		7
Restret Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	s:	c. US EPA Ñ	ımber d. Discrepancy Indica	ition Spac	æ:		
I hereby certify that the above nam	ed material has bee	n accepted and to the	best of my knowledge the foreg	oing is tru	ie and acc	curațe.	
M. Blue	\[\]	). Bux		0.7h	5/2/	//	
e. Name of Authorized Agent (Print		Signature 🙏		g. Date			
IV. ASBESTOS (Gene	rator completes	IVa-f and Operato			e e e e e e e e e e e e e e e e e e e		
a. Operator's Name and Address:			c. Responsible Agency Nan	ne and Ad	iaress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions an	d Additional Informa	tion:					
f. Non-Friable	□Both	% Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I are classified, packed, marked and national governmental regulations.	hereby declare that I labeled and are in	the contents of this cor all respects in proper c	nsignment are fully and accurat ondition for transport by highwa	ely descri y accordi	bed above ng to appl	by proper shipp icable internation	ing name ar ial and
			<b>1</b>				
g. Operator's Name and Title (Print	American service services in the Section 1888	. Signature	Brancourte de la colonia de la company Participa de Santon de la colonia de Santon de la colonia de Caracida d	i. Date	Statement Control	医多种抗毒素 化二氯甲基苯酚 经基础管理	arak mani ribankeawe.



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GENERATOR (Gene Generators US EPA ID Number	rator completes la-	b. Manifest Docum	ent Number		c. Page	1 of		
d. Generator's Name and Location: บั ผ เ เ เ	ISEPA O Sesharo Dr. Vankegen, IL 60085 12-896-7078		e. Generator's Mailing Addre Suffree 1 S. Walker A Chicago, IL 6 g. Phone:	Avesse, S	ašte 3700	j.		
If owner of the generating facility diffe	ers from the generator, p	provide:						
h. Owner's Name:	In earnage	Lukoso Chio	i. Owner's Phone No.: ping Name and	m, Conf	itainers	n. Total	o. Unit	
j. Waste Profile #	k. Exp. Date	Description	ping realite and	No.	Туре	Quantity	Wt/Vol	
MW 3063106604	2/22/2011	C&D Commi 50ppm	ninated w/PCB's less than	1	DT	20.67	11/	
	A = A	ha						
GENERATOR'S CERTIFICATION: I state law, has been properly descril this waste is a treatment residue of has been treated in accordance with	ibed, classified and pact	:Kaged; and is in pro	oper condition for transportation whilect to the Land Disnosal R	lestriction:	is, I certify d by 40 C	y and warrant that FR 261.		
Tom HAHNE					5	124/10		
p. Generator Authorized Agent Nam	ie (Print) /	q. Signature	sporter completes IIc-e)		r. Date			
Transporter's Name and Address:	ETSI 43125 N. Hery 41 Zicas, Missola 600 847-395-6202		<u> </u>	1	ر د	П.А.		
6" 7 6 7 7 7		<u> </u>	7 <b>C</b>	5	1251	1110		
c. Driver Name (Print) / III. DESTINATION (Ge	d∤Sigr enerator completes	nature / /// Illa-c and Destir	nation Site completes III	ld-g)				
a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	ss:   Facility	c. US EPĀ Nur WID076171	mber d. Discrepancy Indica 1008	ation Spac		curate.		
	60 Wateriai nas nagu av	Seeblen and to the P	1 / A A		Pour	110		
e. Name of Authorized Agent (Print	t) f. Sign	<u> </u>		g. Date	100			
IV. ASBESTOS (Gener	rator completès IVa	ı-f and Operator	completes IVg-i)		• • • • • • • • • • • • • • • • • • • •			
a. Operator's Name and Address:			c. Responsible Agency Nan	ie and Au	idress.			
b. Phone:  e. Special Handling Instructions and	d Additional Information	i:						
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I are classified, packed, marked and national governmental regulations.	d labeled and are in all re	% Friable contents of this cons espects in proper co	% Non-Friable signment are fully and accurate ondition for transport by highwa	ely descri ay accordi	bed aboving to app	e by proper shippi licable internation	ng name a al and	
g, Operator's Name and Title (Print	n h. Siç	gnature		i. Date				
*Operator refers to the company w	hich owns, leases, oper	ates, controls, or su	pervises the facility being dem	iolished or	r renovate	d, or the demolitic	or or	



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GENERATOR (Gene	rator completes la	-r) b. Manifest Docum	ent Number		c. Page	l of	
d. Generator's Name and Location: ງເ ນາ	SKPA Seshorse Dr. aukegan, IL 60085 12-886-7078		e. Generator's Malling Address I S. Walker A Chicago, IL 4 g. Phone:	Avenue, S	aite 3700		
If owner of the generating facility diffe	rs from the generator,	provide:					
h. Owner's Name:			i, Owner's Phone No.:		•••••	To see	Tree v market trees
j. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	m. Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106004	2/22/2011	C&D Contact 50ppm	ninated w/PCB's less than	1	DI	20.75	TN
	1	M		9 61	11	FD 004	aliaakia
GENERATOR'S CERTIFICATION: I state law, has been properly describ this waste is a treatment residue of has been treated in accordance with	ed, classified and pac	kaged, and is in pro	per condition for transportation to the condition for the Land Disposal R	on accord lestriction	ing το app s. I certify	and warrant that	IS. MINU. II
Tom HAHAC		The second second second second second second second second second second second second second second second se			, c	1 24/10	
p. Generator Authorized Agent Name	e (Print)	q. Signature	sporter completes IIc-e)		r. Date	1 2	
, Transporter's Name and Address:	KTSI 43185 N. Hery 41 Zion, Illinois 600 547-395-6202		#312-6	) 			
Larn b	the control of the co	nature /	<u> </u>	e. Date	<b>?</b>	/ 1 <b>/ U</b>	
c. Driver Name (Print) / III. DESTINATION (Ger	perator completes	Ilta-c and Destir	nation Site completes III				
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	i: Facility	c. US EPA Nur WID07617	nber d. Discrepancy Indica	ition Spac			
I hereby certify that the above name	d material has been ac	cepted and to the b	est of my knowledge the foreg	oing is tru	e and ac	xurate.	
W. Brye		$\mathcal{L} \rightarrow \mathcal{I}$	54C	g. Date	194]]	10	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (General	f. Sigr	ature -f and Onerator	completes IVa-i)	j y. Date	<u>anta ya Faringala</u> Hiji kati katika		
a. Operator's Name and Address:	au competed re	од Ородо	c. Responsible Agency Nan	ne and Ad	dress:		
b. Phone:  e. Special Handling Instructions and	I Additional Information	:	d. Phone:				
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I h are classified, packed, marked and national governmental regulations.	☐ Both ereby declare that the labeled and are in all re	% Friable contents of this con- espects in proper co	% Non-Friable signment are fully and accurat ndition for transport by highwa	ely descril ay accordi	bed above ng to appl	by proper shipplicable internation	ng name and al and
	1.00			i. Date			
g. Operator's Name and Title (Print) *Operator refers to the company where renovation operation or both	ich owns, leases, oper	inature ates, controls, or su	pervises the facility being dem		renovate	d, or the demolitic	n or



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GENERATOR (Gen Generales US FRAID Number	erator complete	s la-r) l b. Manifest Docum	ent Number		c. Page	1 of					
	ISEPA 0 Seahorre Dr. Vaukegan, IL 6008 12-886-7078	<b>)</b> \$	e. Generator's Mailing Address 1 S. Walker Avenue, Suite 3700 Chicago, IL 60606 g. Phone:								
If owner of the generating facility diff		ator, provide:									
h, Owner's Name;			i. Owner's Phone No.:								
j. Waste Profile #	aste Profile # k. Exp. Date I. Waste Ship			ipping Name and m. Containers n. Total							
		Description		No.	Type	Quantity	Wt/Vol				
MW 3063106004	2/22/2011	C&D Contar 30ppm	ninsted w/PCB's less than		DI						
				a dallas	bic/IO.C	ED 961 or one as	aliaakia				
GENERATOR'S CERTIFICATION: state law, has been properly descri- this waste is a treatment residue of has been treated in accordance with	bed, classified and a previously restric	packaged, and is in pro cted hazardous waste s	per condition for transportatio ublect to the Land Disposal Re	n accordi estrictions	ng to app s. I certify	licable regulation and warrant tha	ns: AND, if				
	From HATT	<b>&amp;</b>				5/24	/10				
p. Generator Authorized Agent Nam	e (Print)	q. Signature			r. Date						
TRANSPORTER (G	Generator comp	letes IIa-b and Trans	sporter completes IIc-e)								
Fransporter's Name and Address  ## 3/2 b. Phone:	KTSI 43185 N. Hwy Zico, Illinois 847-395-6202	60000	,,	*	4 ,						
Michael Git	The I	TA/C		5-	H) .	$\omega$					
c. Driver Name (Print)		/Signature		e. Date							
III. DESTINATION (Ge a. Disposal Facility and Site Addres		tes IIIa-c and Destin c. US EPA Nun	ation Site completes IIId		<b>a•</b>						
Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	Facility	WID076171		U. Op.u							
I hereby certify that the above name	ed material has bee	n accepted and to the be	est of my knowledge the forego	oing is true	e and acc	urate.					
e. Name of Authorized Agent (Print)		Signature		g. Date							
IV. ASBESTOS (Gener	ator completes	IVa-f and Operator									
a. Operator's Name and Address:			c. Responsible Agency Nam	e and Add	lfess:						
b. Phone:			d. Phone:			2					
e. Special Handling Instructions and	d Additional Informa	ation:									
f. Sriable Non-Friable	☐ Both	% Friable	% Non-Friable								
OPERATOR'S CERTIFICATION: It are classified, packed, marked and national governmental regulations.	ereby declare that labeled and are in	the contents of this cons all respects in proper cor	ignment are fully and accurate adition for transport by highway	v accordin	ed above g to appli	by proper snippi cable internation	ng name and al and				
1											
g. Operator's Name and Title (Print	h	. Signature		i. Date							
*Operator refers to the company will renovation operation or both	nich owns, leases, c	operates, controls, or sup	ervises the facility being demo	uisned of	renovated	a, or the demolitic	n or				



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GENERATOR (Generator completes la											
. Generators US-EPA-ID Number		D. M	b. Manifest Document Number			c. Page 1 of					
d. Generator's Name and Location; USEPA 90 Sectors: Dr. Workspan, IL 60085 f. Phone: 312-886-7078			Ghicego, IL ( g. Phone:			Averses, Suite 3700					
If owner of the generating facility differs for	om the gene	erator, provid	de:								
h. Owner's Name:	1 2			i. Owner's Phone No.:							
j. Waste Profile #	k, Exp. Dal	te	I. Waste Shipp Description	oing Name and	m. Con No.	lainers Type	n. Total Quantity	o. Unit Wt/Vol			
MW 3063106004	2/22/2011	i	A SAMPLE OF COST (SA	ilinated w/PCB's less than		DI	22.59				
GENERATOR'S CERTIFICATION: I here state law, has been properly described, this waste is a treatment residue of a properly been treated in accordance with the	classified ar eviously rest	nd packaged tricted haza	d, and is in prop irdous waste su	per condition for transportation bject to the Land Disposal Re	on accordi	ng to app s. I certify	licable regulations and warrant that	s; AND, if			
Tom HAHUE	5.500	4		7,77	5/24/10						
p. Generator Authorized Agent Name (Pr	int)	q, Sig	ınature		- STATE OF THE STA	r. Date		en en en en en en en en en en en en en e			
TRANSPORTER (Gene	and the formation of the observation and in the country	and the second s	and the first property of the first party of the fi	porter completes IIc-e)-			3				
	KTEI 43185 N. Ho 2406, Illinois 847-395-620	is 60099		· ·	- 122						
MU. Dive		$\mathcal{A})$	. 1255	rre	<i>S]</i> ;	24//	0				
C. Driver Name (Print)		d. Signature			e. Date						
III. DESTINATION (General a. Disposal Facility and Site Address:	tor compa		c and Destina c. US EPA Numi	ation Site completes IIId ber d. Discrepancy Indicat		<b>3</b> •					
Kestrel Hawk Recycling & Disposal Facili 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	<i>/ऽ</i>	1	WID0761710	008		-					
I hereby certify that the above named ma	terial has be	een accepte	d and to the be	st of my knowledge the forego	oing is true	and acci	ırate.				
Michael Gritte	$u_{j}$	161	#ZZ		150910						
e. Name of Authorized Agent (Print)		1. Signature			g. Date						
IV. ASBESTOS (Generator a. Operator's Name and Address:	combineres	\$1ya≠ram	d'Operator o	ompletes IVg-I) c. Responsible Agency Name	e and Add	lraeer					
1//	1 [										
b. Phone:				d. Phone:							
e. Special Handling Instructions and Add	itional Inform	nation:									
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I hereby are classified, packed, marked and labely national governmental regulations.	Both y declare tha ed and are in	at the conten	Friable nts of this consig ts in proper cond	% Non-Friable gnment are fully and accuratel dition for transport by highway	ly describe accordine	ed above g to applic	by proper shippin able international	g name and I and			
,				ements							
g. Operator's Name and Title (Print)		h. Signature			i. Date						
*Operator refers to the company which o	wns, leases,	, operates, c	ontrols, or supe	rvises the facility being demol	lished or r	enovated,	, or the demolition	ı or			



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GENERATOR (Generat		r) b. Manifest Document Number			c. Page (for				
d. Generator's Name and Location:			To Congrator's Mailing Addr		* ]				
USRI 90 Se Want f. Phone:	esborre Dr. kegan, IL 60085 224 2022		e. Generator's Mailing Address SciTres  1 S. Walker Avenue, Suite 3700  g. Phone:  Chicago, IL, 60506						
If owner of the generating facility differs f	from the generator,	provide:							
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Shipp Description	ping Name and	m. Cont No.	tainers Type	n. Total Quantity	o, Unit Wt/Vol		
, MW 3063106004	2/22/2011		ninated w/FCB's less than		DI	23.21	TN		
	12								
GENERATOR'S CERTIFICATION: I here state law, has been properly described, this waste is a treatment residue of a proper has been treated in accordance with the	, classified and pact reviously restricted	ckaged⊬and is in prop I hazardous waste su	per condition for transportation ubject to the Land Disposal R	on accordi lestrictions	ng to appl s. I certify	licable regulations and warrant that t	s: AND. if		
TOM HAHNE	$\Delta$				518	24/10			
p. Generator Authorized Agent Name (Pr	The state of the s	q. Signature			r. Date				
TRANSPORTER (Gene fransporter's Name and Address:		silla-b and Irans	sporter completes lic-e)						
	KT&I 43183 N. Hwy 41								
	Zice, Mincle 5009								
b, Phone;	847-395-62402 / (		~ (11 0 C		24	I.A			
c. Driver Name (Print)	سکر d. Sign		The second second	e, Date	<u>ه ۱۰</u>	10			
The commence of the control of the c	ator completes I	Target Barrier And The Assert Contract Contract Management Contract  ation Site completes IIIc							
0. Phone: (262) 884-7080	313	c. US EPA Num WID076171	Q08						
I hereby certify that the above named man		cepted and to the be	st of my knowledge the forego	oing is true					
	45	ZN/4	42	5-24-10					
6. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator)	t Signa r completes IVa-		omnletes IVa-i)	g. Date					
a. Operator's Name and Address:	<u> </u>	1	c. Responsible Agency Nam	e and Add	ress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and Add									
f. ☐ Friable ☐ Non-Friable ☐ OPERATOR'S CERTIFICATION: I hereb	☐ Both ov declare that the c	% Friable considerate of this considerate of this considerate of this considerate of the	% Non-Friable	hi describi	ad ahnua	hu nronar chianine	- nama and		
are classified, packed, marked and label national governmental regulations.	led and are in all rec	spects in proper con	dition for transport by highway	/ according	to applic	able international	and		
A STEEL SETTING (Poles)	1 O:-								
g. Operator's Name and Title (Print)  *Operator refers to the company which or renovation operation or both	h. Sign owns, leases, operal		arvises the facility being demo	i. Date dished or r	enovated,	, or the demolition	or		



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GENERATOR (Gene	rator compl	etes la-r	r)									
Generators US ERAID Number			b. Manifest Document Number			c. Page 1 of						
d. Generator's Name and Location: USEPA Street Seriouse Dr. Wastegan, IL 60085 f. Phone: 11 owner of the generating facility differs from the generator, prov				e. Generator's Mailing Address Set Trac 1 S. Walker Avenue, Suite 3700 Claicago, IL 50606 g. Phone:								
if owner of the generating facility diffe	irs from the ger	ierator, pr	rovide;									
h. Owner's Name:	It con 6		I I III - A - DLI	I, Owner's Phone No.: chipping Name and m. Containers n. Total o. Unit								
j. Waste Profile #	k. Exp. Date I. Waste Ship Description			ling Name and	No.	Туре	n. Total Quantity	o. Unit Wt/Vol				
MW 3063106004	6004 2/22/2011 C&i 50p			tinated w/PCB's less tha	1	m						
GENERATOR'S CERTIFICATION: I I state law, has been properly describ this waste is a treatment residue of a has been treated in accordance with	ed, classified a a previously res	ind packa stricted ha	aged, and is in prop azardous waste sul	er condition for transportation bject to the Land Disposal F	on accordi Restrictions	ing to app s. I certify	licable regulati and warrant th	ions: AND. if				
-Tom HAHUE	•		usic Tanana		/2010							
p. Generator Authorized Agent Name			Signature			r. Date	1 /					
TRANSPORTER (Ge fransporter's Name and Address:		npletes	lla-b and Irans	porter completes IIc-e)								
b. Phone:	KTSI 43185 M. E Zion, Illima 2847-395-62	is 60069	·, , 7/_	3/3								
Michael ()15	Hillus	1/2	412	KE	6	5-2	1-10					
c. Driver Name (Print)		d: Signal	<del></del>	// 01Island III	e. Date							
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080		letes in	c. US EPA Numb WID0761710			<b>5</b> :						
I hereby certify that the above named	l material has b	een acce	pted and to the bes	t of my knowledge the foreg	oing is true	and acci	urate.					
e. Name of Authorized Agent (Print)		f. Signati		117.1	g. Date							
IV. ASBESTOS (General a. Operator's Name and Address:	tor complete	s iva-i	direction and the second secon	ompletes (vg-l) c. Responsible Agency Nam	na and Add	Iroces						
b. Phone:				d. Phone:		1693						
e. Special Handling Instructions and	Additional Infor	mation:	I.	u. i none,								
f. Friable Non-Friable	☐ Both		% Friable	% Non-Friable								
OPERATOR'S CERTIFICATION: I he are classified, packed, marked and la perional governmental regulations.	reby declare to beled and are	at the con in all resp	itents of this consig ects in proper cond	nment are fully and accurate lition for transport by highway	aly describe y according	ed above g to applic	by proper ship; able internatio	ping name and nal and				
s Name and Title (Print) or refers to the company which novation operation or both	h owns, leases	h. Signat , operate:		rvises the facility being demo	i. Date olished or r	renovated	, or the demolit	ion or				



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GENERATOR (Generation Generators US SPA ID Number	or comple	etes la-r) b. Manifest Docum	ent Number	c. Page 1 of						
d. Generator's Name and Location: ()SHI 90 Se Wast f. Phone: 312-	0085	e. Generator's Malling Address Sub Last  1 St. Walker Avenue, Suite 3700 Chicago, IL 50606 g. Phone:								
If owner of the generating facility differs for		nerator, provide:								
h, Owner's Name.			i. Owner's Phone No.:							
j. Waste Profile #	k. Exp. D	ate I. Waste Ship Description	ping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol			
MW 3063106704	2/22/201	11 C&D Content 50ppm	ninated w/FCB's less than	1	DT					
1	re .									
GENERATOR'S CERTIFICATION: I here state law, has been properly described, this waste is a treatment residue of a proper has been treated in accordance with the	classified a eviously re:	ind packaged, and is in pro stricted hazardous waste si	per condition for transportation Object to the Land Disposal Re	n accordi estrictions	ng to appl . I certify	icable regulati and warrant th	ons; AND, if			
MARGE NISSES OF S	XTKAS	JOR USERA (	anti		0,	120/10				
p. Generator Authorized Agent Name (Pr		q. Signature			r. Date					
TRANSPORTER (Gene	de de la companya de la companya de la companya de la companya de la companya de la companya de la companya de	npietes ila-b and irans	sporter completes lic-e)							
	KTBI 43185 N. I Zica, Miss 847-395-6	is 60009								
CADriver Name (Print)		d. Signature	Z	5 e. Date	120	lio_				
III. DESTINATION (Genera	ator comp									
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Facil 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080		c. US EPA Num	c. US EPA Number d. Discrepancy Indication Space: WID076171008							
I hereby certify that the above named ma	aterial has b	een accepted and to the be	est of my knowledge the forego	ing is true	and accu	ıratə.				
e. Name of Authorized Agent (Print)		f. Signature	<u> </u>	g. Date						
IV. ASBESTOS (Generator	complete			y. Daio						
a. Operator's Name and Address:			c. Responsible Agency Name	and Add	ress:					
b. Phone:			d. Phone:							
e. Special Handling Instructions and Add	litional Infor	mation:	<b> </b>							
	Both	% Friable	% Non-Friable							
					Control of the second second second	A second of the first of the second of the s				
OPERATOR'S CERTIFICATION: I hereb are classified, packed, marked and label national governmental regulations.	y declare th	at the contents of this consi in all respects in proper con	gnment are fully and accurately dillon for transport by highway r	y describ accordin	ed above l g to applic	oy proper shipp able internation	oing name and nal and			
are classified, packed, marked and label	y declare th	at the contents of this consi in all respects in proper con h. Signature	dition for transport by highway	y describe according	ed above g to applic	by proper shipp able internation	oing name and nal and			



renovation operation or both

#### NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST

If waste is asbestos waste, complete Sections I, II, III and IV

NNN758

If waste is NOT asbestos waste, complete Sections I, II, and III GENERATOR (Generator completes la-r) b. Manifest Document Number c. Page 1 of . Generators US/FRAID Number d. Generator's Name and Location: USEPA e. Generator's Mailing Address I.S. Walker Avenue, Suite 3700 90 Seshorse Dr. Chicago, IL 60606 Washeger, IL 60065 g. Phone: f. Phone: 312-886-707R If owner of the generating facility differs from the generator, provide: i. Owner's Phone No.: h. Owner's Name: I. Waste Shipping Name and m. Containers i. Waste Profile # k, Exp. Date n. Total o. Unit Wt/Vol Description No. Туре Quantity C&D Contaminated w/PCB's less than MW 3063106004 2/22/2011 1 DI SOppm GENERATOR'S CERTIFICATION: I hereby certify that the above named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. HAHNE p. Generator Authorized Agent Name (Print) --g. Signature r. Date - TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) Transporter's Name and Address: 43185 N. Hwy 41 Zica, Illianis 60079 147-395-6202 b. Phone: c. Driver Name (Print) DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g) 111. a. Disposal Facility and Site Address: c. US EPA Number d. Discrepancy Indication Space; Kestrel Hawk Recycling & Disposal Facility WID076171008 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate e. Name of Authorized Agent (Print **ASBESTOS** (Generator completes IVa-f and Operator completes IVg-i) c. Responsible Agency Name and Address: a. Operator's Name and Address: b. Phone: d. Phone: e. Special Handling Instructions and Additional Information: ☐ Both ☐ Non-Friable % Friable % Non-Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. y. Operator's Name and Title (Print) h. Signature i. Date Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or



312

If waste is asbestos waste, complete Sections I, II, III and IV II waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Gene	rator completes								
_ Generators US FPA ID Number		b. Manifest Document Number			c. Page 1 of				
90 f. Phone:	SEPA   Sealiosse Dr. ankegan, IL 60083  2-986-7078			Avenue, Suke 3700					
If owner of the generating facility diffe	rs from the generat	or, provide:							
h, Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	I. Waste Shi Description	pping Name and	m. Con No.	tainers Type	n, Total Quantity	o. Unit Wt/Vol		
MW 3063106004	2/22/2011	C&D Coma SOppus	minuted w/PCB's less than	1	DT	21 45			
GENERATOR'S CERTIFICATION: I state law, has been properly describ this waste is a treatment residue of that has been treated in accordance with	ed, classified and p a previously restrict	ackaged, and is in pr ed hazardous waste :	oper condition for transportation subject to the Land Disposal R	on accordi estrictions	ng to app s. I certify	licable regulation and warrant that	s; AND, if		
Ton HALLIE	17 V (				ζ	5/20/1	0		
p. Generator Authorized Agent Name		q. Signature   top   le b and Tron	sporter completes (Ic-e)	<u> </u>	r. Date	1 /			
b. Phone:	KTSI 43185 N. Hwy Ziop, Illinois 6 847-393-6202			I .	- (*)				
c. Driver Name (Print) III. DESTINATION (Gen	) d. S	ignature /	nation Site completes IIIc	e. Date		<u> </u>			
III. DESTINATION (Gen a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080		C. US EPA Nul WID07617	mber d. Discrepancy Indica		<b>)</b> :				
I hereby certify that the above named	i material has been	accepted and to the b	est of my knowledge the forego	oing is true	and acc	urate.			
D Wehn		SUL M	Ú(		, • <b>•</b>	40°10			
e. Name of Authorized Agent (Print)		gnature		g. Date					
IV. ASBESTOS (Genera a. Operator's Name and Address:	tor completes iv	va-i and Operator	c. Responsible Agency Nam	e and Ado	lress:				
b. Phone:			d. Phone:						
e. Special Handling Instructions and	Additional Information	on:							
f. 🗌 Friable 🔲 Non-Friable	Both	% Friable	% Non-Friable						
OPERATOR'S CERTIFICATION: I he are classified, packed, marked and la national governmental regulations.	reby declare that the	e contents of this cons respects in proper co	signment are fully and accurate ndition for transport by highway	ly describ , accordin	ed above g to appli	by proper shippin cable international	g name and and		
y. Operator's Name and Title (Print) *Operator refers to the company white repovation operation or both		lignature erates, controls, or su	pervises the facility being demo	i. Date dished or i	enovated	, or the demolition	ıor		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Genera	ator completes la-r)	1				JAV.	CAN NO STATE OF THE STATE OF TH			
Generator's US EPA ID Number		. Manifest Docum	ent Number		c. Page	Tot_				
d. Generator's Name and Location: US 901 We 1. Phone:		e. Generator's Mailing Address Salita 1.3. When Avenue, Suite 3700  Chango, IL 60605								
If owner of the generating facility different	s from the generator, pro	vide:								
'h. Owner's Name:	Tr. F. S. S.	*	i, Owner's Phone No.;							
]:Waste Profile #	k. Exp. Date	Description	ping Name and	m. Cont No.	Туре	n. Total - """ Quantity	a. Unit Wt/Vol			
MW 3063106004	2/22/2011	C&D Contan 30ppm	oinated w/PCB's less than	1	ST	2199 W				
	1///									
GENERATOR'S CERTIFICATION: he state law, has been properly described this waste is a treatment residue of a has been treated in accordance with the state of the	d, classified and packag previously restricted ha:	ged, and is in prot zardous waste su	per condition for transportation bject to the Land Disposal R	on accordir lestrictions	ng to app i. I certify	licable regulation and warrant that	ns: AND, if			
Jan Harwy						7/20//3	}			
p. Generator Authorized Agent Name ( TRANSPORTER (Ger		Signature la-b and Trans	norter completes (Ic-e)	<u> </u>	r. Date					
Transporter's Name and Address:	12781		The state of the s	Amount to a regularization						
b. Phone:	43185 N. Hwy 41 Zion, Illimois 60099 847-395-6202									
	5	<b>S</b>								
c. Driver Name (Print) III. DESTINATION (Gene	d. Signatu rator completes Illa		ا atjøn Site completes IIId	e. Date 1-a)						
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fac 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	cility	c US EPA Num WID0761710	ber d. Discrepancy Indica 008	itlon Space	<./-					
I hereby certify that the above named to	naterial has been accep	ited and to the be	st of my knowledge the forego	olng l <u>s tru</u> e	and acci	irale/				
1-11dhad Oilth	Ins ///	<u> </u>	77	)	<u>gu</u>	/U				
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generato	/l-f∶Signatu or complétes lVa-f a			g. Date						
a. Operator's Name and Address:		F	c. Responsible Agency Name	e and Add	ress:	*				
b. Phone:			d. Phone:							
e. Special Handling Instructions and A	dditional Information:									
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I here		6 Friable tents of this consid	% Non-Friable special are fully and accurate	lv desoribe	ed ahove	hy proper ehlonii	na nama and			
are classified, packed, marked and lab national governmental regulations.	eled and are in all respe	icts in proper con	dition for transport by highway	/ according	to applic	able internations	il and			
y. Operator's Name and Title (Print) *Operator refers to the company which	h. Signatu			i. Date	anovetod	or the demotitie				
renovation operation or both	Owne, leases, operates	roomings, or supe	A 41969 the lacinty being delily	Aleitea or I	BIIOVAIGU	, or me demosito	n or			



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Gen Generators US 5704ID Number	erator completes l	a-r) b. Manifest Docume	ent Number		c. Page	1 of	
d. Generator's Name and Location:	JSEPA O Seakorse Dr. Vankegan, IL 60085		e. Generator's Mailing Addre Set Irac I S. Walker A Chicago, II. 6 g. Phone:	\veces, S	belte 3700		
If owner of the generating facility dif	fers from the generator	r, provide:					
h. Owner's Name:			i. Owner's Phone No.:			T	
j. Waste Profile #	k, Exp. Date	I. Waste Shipp Description	oing Name and	M. Cor No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106094	2/22/2011	C&D Conten 50ppm	nineted w/PCD's less than	Î	DI		
				•••			
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance with the state of t	ibed, classified and pa I a previously restricte th the requirements of	ickaged, and is in pro d hazardous waste si	per condition for transportation object to the Land Disposal Re	in accord estriction	ing to app s. I certify d by 40 C	licable regulation and warrant the	ons: AND. If
p. Generator Authorized Agent Nan	ne (Print)	q. Signature	sporter completes IIc-e)		r. Date	1 7	
Transporter's Name and Address b. Phone:	and the second control of the second of the	1					
	3.6	\$ 		e. Date	<u> 20</u>	110	
c. Driver Name (Print) III. DESTINATION (Ge		gnature s Illa-c and Destin	ation Site completes Illo				
a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	e: Facility	c, US EPA Num WID076171	ober d. Discrepancy Indica 008	tion Spac			
I hereby certify that the above nam	ed material has been a	accepted and to the be	est of/my knowledge the forego	oing is tru	e and acc	urate.	
Michael Oc	ittilus	10/1	1CT	් g. Date	<u>00</u>	<i>''U</i>	
e. Name of Authorized Agent (Print IV. ASBESTOS (Gene		<sub>Inature</sub> ( ), a-f and Operator (	completes IVg-i)	r y, Dale			
a. Operator's Name and Address:	<u>.</u>		c. Responsible Agency Nam	e and Ad	dress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions an	d Additional Informatio						
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I are classified, packed, marked and national governmental regulations.	☐ Both hereby declare that the labeled and are in all	% Friable contents of this cons respects in proper cor	% Non-Friable Ignment are fully and accurate Idlilon for transport by highway	ily descril y accordii	bed above ng to appl	by proper ship cable internation	ping name and onal and
y. Operator's Name and Title (Print 'Operator refers to the company w renovation operation or both	<u>) [h. Si</u> hich owns, leases, ope	ignaturo Frates, controls, or sup	ervises the facility being demo	<u>l i. Date</u> dished or	renovate	d, or the demoli	tion or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

GENERATOR (Genera	tor comple				\$ <b>6</b>			
Generators US EPA ID Number		b.	Manifest Docum	ent Number		c. Page	l of	
Was	PA sehorse Dr. kegan, IL 68 886-7078	0085		e. Generator's Mailing Ad Sul Trac 1 S. Walke Chicago, II g. Phone:	r Avenue, S	eile 3700		
If owner of the generating facility differs	from the gen	erator, pro	vide:		a a 🎉			
h, Owner's Name:				i. Owner's Phone No.:				
J. Waste Profile #	k, Exp. Da	ato .	I. Waste Shipp Description	ling Name and	m, Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106004	2/22/201	1	C&D Costan SOppm	insted w/PCH's less th	an Ì	m		
					<b>:</b> -\$1.			
GENERATOR'S CERTIFICATION: I her state law, has been properly described this waste is a treatment residue of a p has been treated in accordance with th	, classified a reviously res	nd packag stricted haz	ed, and is in prop zardous waste su	per condition for transporta bject to the Land Disposal	ution accordi Restrictions	ng to app	licable regulation and warrant the	ons: AND. if
Ton HAINE		$\leq$	-			51	20110	
p. Generator Authorized Agent Name (F			ignature	acetos acesalatas II.a.		r. Date		
TRANSPORTER (Gen Transporter's Name and Address:	Elator con	ibieres ii	a-v and nans	portar completes no-t	3)			
b. Phone:	43185 N. H 260s, Blins 847-395-52	is 60009			ř			
very frilly			4. 40		7	100	762	
c. Driver Name (Print)		d. Signatu	ire / / /		e. Date			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Faci 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	ility		c. US EPA Num WID076171	per d. Discrepancy Indi 008	cation Space			
I hereby certify that the above named m	aterial has b	een accep	ted and to the be	st of my knowledge the fore	egoing is true	and acci	ırate.	
		. O:	<u> </u>					
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator	r complete	f. Signatur s IVa-f a		ompletes IVa-i)	g. Date			
a. Operator's Name and Address:				c. Responsible Agency Na	ime and Add	ress:		
b. Phone:				d. Phone:				
e. Special Handling Instructions and Ad	ditional Infor	mation:						
	Both		Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I herel are classified, packed, marked and labe national governmental regulations.	y declare the led and are i	at the conti in all respe	ents of this consig cts in proper cond	inment are fully and accuration for transport by highw	ately describi vay according	ed above g to applic	by proper shipp able internation	ping name and nal and
Operator's Name and Title (Print) *Operator refers to the company which o	owne Jacobs	h. Signatu		nicas the facility balands	I. Date			
renovation operation or both	Jimo, Ivases	, operates,	controlor of supe	i vidos uio iddilly bellig del	nonancu of f	enovated.	OI THE GEMONI	ON OF



If waste is asbestos waste, complete sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, costate Sections I, II, and III

GENERATOR (Gene	rator completes	la-r) b. Manifest Docum	ent Number .		c. Page	1 of	
			,				
V	Seskome Dr. iskegan, IL 60085		e. Generator's Mailing Ad- Status 15. Walte Chicago, II g. Phone:	s Avedie, S	uibe 3700		
f. Phone: 31 If owner of the generating facility diffe	2-806-7678 rs from the generato	r, provide:	9. 1101.00				
			r Owen de Diene Mark				
h, Owner's Name: i, Waste Profile #	k. Exp. Date	I Waste Shin	i. Owner's Phone No.: ping Name and	m, Con	tainers	n. Total	o. Unit
j. vyaste i tollie #	I C CAP, D CITO	Description		No.	Туре	Quantity	Wt/Vol
MW 2063106004	2/22/2011	C&D Contin 50ppm	nineted w/FCB's less th	96 B	W		
GENERATOR'S CERTIFICATION: I I state law, has been properly describ this waste is a treatment residue of a has been treated in accordance with	ed, classified and pa	ackaged, and is in pro ad hazardous waste s	per condition for transports ubject to the Land Disposal	ition accordi Restrictions	ng to app s. I certify	plicable regulati and warrant th	ons: AND, II
	MAC FURUSE	B Cars	ノイエ		O r. Date	5/20//	′/
p. Generator Authorized Agent Name	(Print)	q. Signature	sporter completes IIc-e	<u> </u>	Ji. Date		
ansporter's Name and Address:  313 b. Phone:	KTSI 43185 N. Hwy Zices, Illinois 68 847-395-6202		1.				
Michael Oriffi	Hu L	ignature C	1477 —	e. Date	<u> 2</u> C	ЩO	
c. Driver Name (Print) III. DESTINATION (Gen			ation Site completes I	lld-g)			
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	Facility	c. US EPA Nur WID07617	nber d. Discrepancy Indi	ication Spac			
I hereby certify that the above named	d material has been a	accepted and to the b	est of my knowledge the for	egoing is tru	e and acc	curate.	
e. Name of Authorized Agent (Print)		gnature		g. Date			
IV. ASBESTOS (Genera	tor completes IV	/a-f and Operator					
a. Operator's Name and Address:			c. Responsible Agency N	ame and Ad	uress.		
b. Phone:			d. Phone:	200		•	
e. Special Handling Instructions and	Additional Information	on:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I have classified, packed, marked and leading to the contract of the contract	☐ Both ereby declare that the abeled and are in all	% Friable e contents of this cons respects in proper co	% Non-Friable signment are fully and accur ndition for transport by high	ately descrit way accordir	ed above ig to appl	by proper ship icable internation	ping name and onal and
national governmental regulations.					Ž.		
g. Operator's Name and Title (Print)	h. S	Signature		i. Date			
oerator refers to the company whi lovation operation or both	ch owns, leases, ope	erates, controls, or su	pervises the facility being de	molished or	renovate	d, or the demol	ition or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

Generator's Name and Location (1989) A Generator (1989) A Generator's Mailing Address Saff Size (1989) A Generator's Mailing Address Saff Size (1989) A Generator's Mailing Address Saff Size (1989) A Generator's Mailing Address Saff Size (1989) A Generator of the generating healthy differs from the generator, provide:  1. Phone:  1. Wester Profile k	GENERATOR (Ger	nerator comp	oletes la-r)						
USERA 200 Cashors Dr. 90 Cashors Dr.					ient Number		c. Page	1 of	
It owners the generating tacility differs from the generator, provide:  It. Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  Li Owner's Phone No.  It owner's Phon		USEPA 90 Seekorse Dr. Waakegas, R.	60085		Sulling 15. Walker Chicago II	Avenue, !	] Saite 370	•	
Livesto Profile in.  K. Exp. Date  Livesto Shipping Name and  Mo Type  Quantity  ATW 3663166004  27227911  28 D Contestinated w PCB's fees then  Agrees  Agrees  GENERATOR'S CERTIFICATION: I pereby cirrifly that the áboyr named material is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, disastined and packaged, and is in proper condition for transportation according to applicable state law, has been properly described, and any period and packaged, and is in proper condition for transportation according to applicable regulations; AND, it is the state of the stand Disparal Restrictions; certify and warrant late the waste law been treated in accordance with his requirements of 40 CFR 263 and is no longer a hazardous waste as defined by 40 CFR 261.  Degenerator Authorized Agent Name (Print)  TRANSPORTER (Generator completes)  Agent States and Address:  ATRICATION (Generator completes)  A Phone:  DESTINATION (Generator completes)  Listinative  Listinativ	and the second s	ffers from the gr	enerator, prov	vide:	g rnone:				
Waste Profile #   K. Exp. Date   Living to State   Living to Sta	h. Owner's Name:				i Owner's Phone No				
Description  Description  Description  No. Type Guantity WiVol.  ARW 3063166104  2/22/2011  S&D Contaminated w/PCB's less that 1  DT		k. Exp. f	Date	I. Waste Shipr		m. Cor	ntainers_	In Total	La Linit
GENERATOR'S CERTIFICATION: I hereby certify that the abovy named materal is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if the waste is a treatment residue of a proviously restricted hazardous waste aubject to the Land Disposal Restrictions; and properly described and the variety of the condition of the properly described hazardous waste as defined by 40 CFR 261.  Disposal restrictions are requirements of 40 CFR 268 and is no lenger a hazardous waste as defined by 40 CFR 261.  TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)  TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)  TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)  TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-e)  TRANSPORTER (Generator completes IIIa-b and Transporter completes IIIc-e)  TRANSPORTER (Generator completes IIIa-c and Destination Site completes IIIc-g)  Disposal Facility and Site Address:  Land Discrepancy Indication Space:  WID076171008  Discrepancy Indication Space:  WID076171008  Discrepancy Indication Space:  WID076171008  Discrepancy Indication Space:  Discrepancy Indication Space:  Operator's Name and Additional Information:  ASSESTOS (Generator completes IVa-f and Operator completes IVg-f)  C. Responsible Agency Name and Address:  d. Phone:  Phone:  Phone:  Phone:  Phone:  Phone:  Non-Friable  Phone:			Description						
this waste is a treatment residue of a previously restricted hazardous waste stated in accordance with the requirements of 40 GFR 268 and is no longer a hazardous waste as defined by 40 GFR 261.	MW 3063106004	2/22/20	11		iinated w/PCB's less that	1	West training	21-60	TW
this waste is a treatment residue of a previously restricted hazardous waste stated in accordance with the requirements of 40 GFR 268 and is no longer a hazardous waste as defined by 40 GFR 261.					ę.	*			
this waste is a treatment residue of a previously restricted hazardous waste studied to the Land Disposal Restrictions. I certify and warnet that the waste has been treated in accordance with the requirements of 40 CFB 268 and is no longer a hazardous waste as defined by 40 CFB 261.  D. Generator Authorized Agent Name (Print)  D. Generator Authorized Agent Name (Print)  D. Generator Completes IIa-b and Transporter completes IIc-e)  TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e)  All Signature  D. Phopps  All Signature  D. Phopps  All Destrination (Generator completes IIIa-b and Disposal Facility and Site Address:  Cell Carlo Ca		12		1					
p. Generator Authorized Agent Name (Print)	this waste is a treatment residue of	f a previously re th the requireme	ents of 40 CF	ordoue moste sub	bisette te i e ransportatio	on accordi	ng to app	licable regulations	s; AND, if the waste
TRANSPORTER (Generator completes IIa-b and Transporter completes IIIc-e) ransporter's Name and Address:  KTSI  43185 N. Ray 41 25ca Bliness 60009 247-393-620  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIa-c and Destination Site completes IIId-g)  Destrination (Generator completes IIIIa-c and Destination Site completes IIId-g)  Destrination (Generator Site Completes IIIId-g)  Destrination (Generator Site Completes IIId-g)  Destrination (Generato	p. Generator Authorized Agent Nam		and the property of the proper					7/64	12018
Anaporter's Name and Address:  ATSI  43185 N. Rwy 41  25. Driver Name (Print)  DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g)  a. Disposal Facility and Site Address: (estrel Hawk Recycling & Disposal Facility 1989 Oakes Road tacine, WI 53406  Ale Phone:  Destination Site completes Illd-g  d. Discrepancy Indication Space:  WID076171008  d. Discrepancy Indication Space:  D. Date  S. Plone:  G. Responsible Agency Name and Address:  C. Responsible Agency Name and Address:  D. Phone:  G. Responsible Agency Name and Address:  D. Phone:  G. Responsible Agency Name and Address:  D. Phone:  G. Responsible Agency Name and Address:  D. Phone:  G. Phone	TRANSPORTER (G	aenerator con			 norter completes (Ic-e)		r. Date		
c. Driver Name (Print)  III. DESTINATION (Generator completes IIIa-c and Destination Site completes IIIId-g)  a. Disposal Facility and Site Address:  (A. U.S. EFA Number WID076171008  Askersel Hawk Recycling & Disposal Facility 1989 Oakes Road  Racine, Wi 53406  b. Phone:  (B. U.S. EFA Number WID076171008  ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  (C. Responsible Agency Name and Address:	b. Phone, Michael Orth	Zion, Wine	eis 60099	#3/	7 41	~	പെ	<u>.</u>	
Asbestos (Generator completes IIIa-c and Destination Site completes IIId-g) a. Disposal Facility and Site Address:  (Astrel Hawk Recycling & Disposal Facility 1989 Dakes Road Racine, WI 53406 b. Phone: (262) 884-7080  Asbestos (Generator completes IVa-f and Operator completes IVg-i) a. Name of Authorized Agent (Print) b. Signature  C. Responsible Agency Name and Address:    C. Responsible Agency Name and Address:   C. Responsible Agency Name and	c. Driver Name (Print)		d. Skgnature	<u>, (                                   </u>		o Dato	INVI	IU	
ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  C. Responsible Agency Name and Address:  C. Responsible Agency Name and Address:  Phone:  Decial Handling Instructions and Additional Information:  We Non-Friable Both % Friable % Non-Friable  R'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and regulations.	a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 D. Phone: (262) 884-7080	s: Facility		c, US EPA Numbe WID07617100	er d. Discrepancy Indicati	ion Space			
ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:    C. Responsible Agency Name and Address:   C. Responsible Agency Name and Address:   C. Responsible Agency Name and Address:   C. Responsible Agency Name and Address:   Phone:	1). Have	1 Iliaichar rao e	Bell alvohier	1 and to the best	of my knowledge the toregol	ing is true	and accu	rate.	
ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:    C. Responsible Agency Name and Address:   C. Responsible Agency Name and Address:   C. Responsible Agency Name and Address:   Phone:   d. Phone:	Name of Authorized Agent (Print)		f Signature	100	7 <sup></sup>	<u> 2/3</u>	20 <sub>1</sub>	<u> </u>	
Phone:    C. Responsible Agency Name and Address:   C. Responsible Agenc	V. ASBESTOS (Genera	itor complete	s IVa-f and	d Operator co	mpletes (Vg-i)	g. Date			
pecial Handling Instructions and Additional Information:    Non-Friable	i. Operator's Name and Address:					and Addr	<b>0</b> 88:		
R'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and  Title (Print)  h. Signature		Additional Inforr	mation:		l. Phone:				
Title (Print) h. Signature	'9'S CERTIFICATION: I her ' packed, marked and la	rehy declare the	at the contents	to at this access		described	d above b	y proper shipping ible international r	name and
Title (Print) h. Signature i. Date ompany which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or softh					No.	ja ja			
🕶 Company of the contract of	<u>Title (Print)</u> Ompany which oth	h owns, leases,	h. Signature , operates, co	introls, or superv	ises the facility being demoli:	. Date shed or re	novated, c	or the demolition c	)r



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

Generator's US EPA ID Number		b. Manifest Document Nur				of	
Generator's Name and Location:	O Seeboose Dr. Vaakegen, D. 60005	e. Ge g. Ph	nerator's Mailing Addre 1 S. Walker / Clacago, IL ( one:	Aveumo, S	gise 3700		
Phone: , g owner of the generating facility diff	12.986-7078 ters from the generator, p	rovide:					
		I.Ow	ner's Phone No.:			1 = 11	l o. Unit
, Owner's Name: Waste Profile #	k. Exp. Date	I. Waste Shipping Na	ame and	m, Con No.	tainers Type	n. Total Quantity	Wt/Vol
MW 3063106004	2/22/2011	<ul> <li>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</li></ul>	d w/PCB's less than		и	00.34	LN.
		SOppra					
	1000						
		6		oe deline	od by 40 C	FR 261 or any a	pplicable
GENERATOR'S CERTIFICATION state law, has been properly describe to							ns; AND, it it the wast
this waste is a treatment residue of has been treated in accordance w	/ (		) or a real section of the section o		r. Date	12 /10	
p. Generator Authorized Agent Na	me (Print)	q. Signature					
II. TRANSPORTER ( a. Transporter's Name and Addres	<u>Generator complete</u> ss: <b>KTSI</b>		er completes Ilc-e		-		
i. TRANSPORTER ( a. Transporter's Name and Addres  #/3/3 b. Phone:  Michael Cult	Generator complete SS: KTS1 43185 N. Hwy 41 Zion, Illisois 600 847-395-6202	mature Illa-c and Destinatio	n Site completes I	e. Date	) 		
a. Transporter's Name and Addres  ### Address  b. Phone:  C. Driver Name (Print)  III. DESTINATION (G. a. Disposal Facility and Site Address  Kestrel Hawk Recycling & Disposal 1989 Oakes Road	Generator completes  SS: KTSI  43185 N. Bwy 41  Zion, Illanois 600  847-393-6202  Generator completes ess:	os walkin	n Site completes I	e. Date	) 	0	
a. Transporter's Name and Address  13/3  b. Phone:  C. Driver Name (Print)  III. DESTINATION (C. a. Disposal Facility and Site Address	Generator complete ss: KTSI 43185 N. Hwy 41 Zion, Illandis 600 847-393-6002 denerator completes ess: esal Facility	mature Illa-c and Destinatio c US EPA Number WID076171008	n Site completes I	e. Date lld-g) lcation Spa	ace:		
a. Transporter's Name and Address b. Phone:  c. Driver Name (Print)  III. DESTINATION (G. a. Disposal Facility and Site Address 1989 Oakes Road Racine, WI-53406 b. Phone: (262) 884-7080  I hereby certify that the above na	Generator complete ss: KTSI 43185 N. Hwy 41 Zion, Illandis 600 847-393-6002 designation of the completes ess: esal Facility  amed material has been a	inature Illa-c and Destinatio c. US EPA Number WID076171008	n Site completes I	e. Date lld-g) lcation Spa	ace:		
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a. Transporter's Name and Address b. Phone:  C. Driver Name (Print)  III. DESTINATION (G. a. Disposal Facility and Site Addressed (Print)  B. Phone: (262) 884-7080  I hereby certify that the above nation of Authorized Agent (Print)  IV. ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  b. Phone: (262) 884-7080  I hereby certify that the above nation of Authorized Agent (Print)  e. Special Handling Instructions  f. Print Description of Authorized Agent (Print)  Description of Authorized Agent (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  Description of Authorized Agent (Print)  Description of Authorized Agent (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  Description of Authorized Agent (Print)  Description of Authorized Agent (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  Description of Authorized Agent (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  Description of Authorized Agent (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  ASBESTOS (Gen. a. Operator's Name and Addressed (Print)  B. Phone: (Print)	Generator completes  S: TSI  A3185 N. Bay 41  Zion, Blacks 600  A47-393-6002  Generator completes  ess: sal Facility  amed material has been a  cint) I. Sic nerator completes IV.  s: and Additional Information  and Information  and Information  in I hereby declare that the complete and labeled and are in all	inature Illa-c and Destinatio c. US EPA Number WID076171008 Incepted and to the best of Interpretation incepted and Operator com c. d. d. on:	n Site completes I d. Discrepancy Indi i my knowledge the for pletes IVg-i) Responsible Agency N Phone:	e. Date IId-g) ication Spa egoing is i	ace:  Irue and a  2 - 2 - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4	ccurate.	Poplag Jam
a. Transporter's Name and Address b. Phone:  C. Driver Name (Print)  III. DESTINATION (G. a. Disposal Facility and Site Address 1989 Oakes Road Racine, Wi 53406 b. Phone: (262) 884-7080  I hereby certify that the above na e. Name of Authorized Agent (Pr. IV. ASBESTOS (Gen. a. Operator's Name and Address b. Phone:  e. Special Handling Instructions	Generator completes:  A3185 N. Bwy 41 Zion, Illands 000 847-393-6202  Generator completes ess: sal Facility  amed material has been a  crint) I. Sicherator completes IV siche	inature Illa-c and Destinatio c. US EPA Number WID076171008 Inccepted and to the best of t	n Site completes I d. Discrepancy Indi imy knowledge the for pletes IVg-i) Responsible Agency N Phone:  % Non-Friable nent are fully and accuon for transport by high	e. Date IId-g) ication Spanication Spanica	ace:  irue and ace:  Address:  cribed abording to ace	ove by proper shippplicable internation	ppling namional and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (General Jeneralor's US EPA ID Number	ator completes la	a-r) b. Manifest Docum	ent Number	G, P	age 1 of	
d. Generator's Name and Location: UNI 90 ! We	IPA Seaborse Dr. shegan, II. 60025		e. Generator's Mailing Address Softres 1.3. Weller A Chicago, IL 6	venne, Seite	3700	
If owner of the generating facility differs	from the generator,	provide: 🏸				
n. Owner's Name:			i. Owner's Phone No.:	m. Containe	rs n. Total	o. Unit
. Waste Profile #	k. Exp. Date	I. Waste Ship Description	ping Name and	The second secon	pe Quantity	Wi/Vol
MW 3063106004	2/22/2011	C&D Contsu 50ppna	ningted w/PCB's less than	ı D	n	
GENERATOR'S CERTIFICATION: I h state law, has been properly describe this waste is a treatment residue of a has been treated in accordance with	d, classified and pad	ckaged, and is in bic	ubject to the Land Disposal Re	estrictions. I c	ertify and warrant t	applicable tions; AND, If hat the waste
Ton HATA		C			6/1/	/ 🤊 📗
n Gonerator Authorized Agent Name	(Print)	q, Signature		] <b>r.</b> E	oate / '	
TRANSPORTER (Ge	nerator complete	es Ila-b and Tran	sporter completes IIc-e)			
b. Phone:	KTSI 43185 N. Hevy 4 Zion, Illinois 60 847-395-6202	w LNJ		6. Date	1-10	
c. Driver Name (Print)	<u>i 0. 50</u> rator completes	<sub>gnature</sub> : IIIa-c and Destir	nation Site completes IIId			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fa 1989 Oakes Road Racine, WI 53406	acility	c. US EPA Nur WID07617	nber d. Discrepancy Indicat	iion Space:		
I hereby certify that the above named	material has been a	ccepted and to the b	est of my knowledge the forego	oing is true an	d accurate.	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (General	f. Sig	inature of and Operator	completes (Va-i)	g. Date		
a. Operator's Name and Address:	Or completes ive	a-i ariu Operator	c. Responsible Agency Nam	e and Addres	s:	
b. Phone:			d. Phone:			
e. Special Handling Instructions and A	Additional Informatio	n:				
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I he are classified, packed, marked and la national governmental regulations.	☐ Both reby declare that the beled and are in all i	% Friable contents of this con respects in proper co	% Non-Friable signment are fully and accurate indition for transport by highway	bly described of according to	above by proper shi applicable internat	pping name and ional and
g. Operator's Name and Title (Print)	h.S	ignature	and the featile, being dec	I. Date	wated or the dame	olition or
g. Operator's Name and Title (Print)  *Operator refers to the company which renovation operation or both	ch owns, leases, ope	erates, controls, or su	pervises the tacility being demo	onstrea of ren	ovaleu, or the defilt	/MOTEOT



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Generators US EPA ID Number	Cidioi compicted la	b. Manifest Docum	nent Number		c. Page	l of	
Generator's Name and Location.	JEEPA 6 Sealname Dz: Washegan, IL 60025		o. Generator's Meiling Addresse Trace 1 3. Walker / Chicago, IL 6 g. Phone:	krome, S	site 3700		
owner of the generating facility dif	fers from the generator, I	provide:					
. Owner's Name;			i. Owner's Phone No.:		rio • construe		le uen
Waste Profile #	k. Exp. Date	I, Waste Shi Description	pping Name and	m, Con No.	Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106004	2/22/2011	CAD Conta SOppus	minated w/PCB's less than	<u>.</u>	DT	21.01	TN)
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	1	11/	t de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la co			Ē	
GENERATOR'S CERTIFICATION: state law, has been properly descr his waste is a treatment residue of has been treated in accordance w	liped, classilied alin han	kageu, anu jo ili p	subject to the Land Dienneal F	tastriction	s I certify	v and warrant tha	opilicable ns; AND, if t the waste
Tion HAMNE	9				L G		
O Authorized Agent Nar	me (Print)	q. Signature	nsporter completes lic-e)		r. Date		
ransporter's Name and Address b. Phone:	S: KTSI 43185 N. Hwy 41 Ziosa, Blinsis 600 847-393-6202		112 ·	ى ا	- (	10	
LANDON	1/-1/7   1/-1/1	naturé 17	<u> Kaylara</u>	e. Date			
c. Driver Name (Print) III. DESTINATION (G.	enerator completes	Illa-c and Desi	ination Site completes III	d-g)			
a. Disposal Facility and Site Addre Kestrel Hawk Recycling & Disposa 1989 Oakes Road Racine, WI 53408	sss: al Facility	C. US EPA'N WID0761	d, Discrepancy Indic	ation Spa			
b. Phone: (262) 884-7080  I hereby certify that the above nar	ned material has been a	ccepted and to the	best of my knowledge the foreg	going is tr	ue and ac	curate.	
() Hye	an f Sig	4. 15	ye	g, Dajé	444	<u>0</u>	
e. Name of Authorized Agent (Printle IV. ASBESTOS (Gene	erator completes IVa	a-f and Operato	or completes IVg-i)				
a. Operator's Name and Address:			C. Hesponsinie Agency Nai	me and A	aress.		
b. Phone: e. Special Handling Instructions a	ınd Additional Information	n:	d. Phone:				
			or New Table				
Friable Non-Friable OPERATOR'S CERTIFICATION: are classified, packed, marked ar halleral governmental regulation.	30 (apeleo ano ale ili ali i	% Friable contents of this co respects in proper	% Non-Friable onsignment are fully and accura condition for transport by highw	tely descr ay accord	ibed aboving to app	ve by proper shipp plicable internation	oing name ar nal and
7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2							
g. Operator's Name and Title (Pri	nt) h. Si	gnature	susanijaa (ka faallilu halaa dar	i. Date	r renovat	ed, or the demolit	ion or
g. Operator's Name and Title (Pri *Operator refers to the company renovation operation or both	which owns, leases, ope	rates, controls, or t	supervises the lacility being der				



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

GENERATOR (Gener	ator completes la-	-r) b. Manifest Docum	nent Number		c. Page 1	of	
General Number			e. Generator's Mailing Addre	<u>l</u> 989			
Generator's Name and Location: US 90	SEPA Seshorse Dr. sokegan, IL 60085		1 S. Welker . Chicago, IL (	(1700000, Si 50000	skie 3700	}	
and the second s	A DOC TOTE		g. Phone:		4.34		
hone: 31 wher of the generating facility diffe	rs from the generator,	brovide:	i. Owner's Phone No.:		-		
Owner's Name:	1. E. 54s	Li Waste Shie	pping Name and	m. Con		n. Total Quantity	o. Unit Wt/Vol
Vaste Profile #	k. Exp. Date	Description		No.	Type		
MW 3063106004	2/22/2011	CAD Conta 50ppm	uninated w/PCH's less tha	. 1	DI	* ************************************	
				<u>l</u>	3 hu 40 C	EB 261 or any	applicable
RENERATOR'S CERTIFICATION: I tate law, has been properly descri	l hereby certify that the	e above named ma	iteral is not a hazardous waste	as define	ing to ap	plicable regula	lions; AND, if
AENERATOR'S CERTIFICATION: I tate law, has been properly descri his waste is a treatment residue of	bed, classified and pa	ckaged, and is in p d hazardous waste	subject to the Land Disposal	Restriction	ns, I certify ad by 40 C	y and warrant t FR 261.	nat tne waste
tate law, has been properly descri his waste is a treatment residue of has been treated in accordance wit	a previously results of	40 CFB 268 and k	s no longer a nazardous waste	aa ubiiilo	T	7.7.	
ise neen fredleu in accordence					and the same		
		8 - Barris (b)	and the control of th				
JON HAY	(N) (	a Signature			r. Date		
D. Generator Authorized Agent Nam TRANSPORTER (C	, ~ ( ne (Priñt) ⊇enerator complet	a Signature					
JON HAY	ne (Print) Generator complet	q. Signature es IIa-b and Tra	ansporter completes IIc-e				
D. Generator Authorized Agent Nam TRANSPORTER (C	ne (Print) Generator complet KTBI	g. Signature les IIa-b and Tra	ansporter completes IIc-e				
Generator Authorized Agent Nam TRANSPORTER (C Transporter's Name and Address	ne (Print) Generator complet	g. Signature les IIa-b and Tra					
TRANSPORTER (C. Transporter's Name and Address b. Phone:	ne (Print) Generator complet KTSI 43185 N. Hay 4	g. Signature les IIa-b and Tra	ansporter completes IIc-e		r. Date		
TRANSPORTER (C. Transporter's Name and Address b. Phone:	ne (Print) Generator complet  KTSI A3185 N. First Zion, Illinois & 847-395-6202	g. Signature les Ila-b and Tra	Ikry Floor	e, Date	r. Date		
D. Generator Authorized Agent Name TRANSPORTER (C. Transporter's Name and Address b. Phone:  C. Driver Name (Print)  DESTINATION (Geometric Control of the C	e (Print) Denerator complet  K181  43185 N. Hay 4  Zion, Missis 6847-393-6292  Goff (1/4)  d/S  enerator complete	q. Signature les IIa-b and Tra  II  III  III  III  III  III  III  I	Ansporter completes IIc-e	e, Date	r. Date		
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D. Generator Authorized Agent Name TRANSPORTER (C. Transporter's Name and Address b. Phone:  D. Driver Name (Print)  III. DESTINATION (George a. Disposal Facility and Site Address Address Address Address Page Oakes Road	e (Print) Generator complet  K181  43185 N. Hay Zion, Missis of 847-393-6292  Got (1) / d./S enerator complete ss:	q. Signature les IIa-b and Tra  II  III  III  III  III  III  III  I	Ansporter completes IIc-e	e, Date	r. Date		
D. Generator Authorized Agent Nam  TRANSPORTER (C.  Transporter's Name and Address  D. Phone:  D. Phone:  D. Phone:  D. Driver Name (Print)  DESTINATION (Geometric Hawk Recycling & Disposal 1989 Oakes Road	ne (Print) Generator complet  KTSI  43183 N. Hay 4  Ziro, Missis 6  847-393-6202  Gulf Gulf  Gul	g. Signature Les IIa-b and Tra  Light Signature Light Signatur	Ansporter completes IIc-e    K   -   0 0 y	e, Date IIId-g) Ication Spa	r. Date	70	
D. Generator Authorized Agent Nam  TRANSPORTER (C.  Transporter's Name and Address  D. Phone:  D. Phone:  D. Phone:  D. Driver Name (Print)  DESTINATION (Geometric Hawk Recycling & Disposal 1989 Oakes Road	ne (Print) Generator complet  KTSI  43183 N. Hay 4  Ziro, Missis 6  847-393-6202  Gulf Gulf  Gul	g. Signature Les IIa-b and Tra  Light Signature Light Signatur	Ansporter completes IIc-e    K   -   0 0 y	e, Date IIId-g) Ication Spa	r. Date	70	
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If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

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, Generator's Name and Location:	10 Seshorse Dr. Venkegen, IL 6008 112-886-7078			e, Generator's Malling Address 1 S. Welker Chicago, IL g. Phone:	lekes Avenne, Scite 3700				
owner of the generating facility diff	fers from the genera	ator, provid	16:						
, Owner's Name:			L Weste Ching	i. Owner's Phone No.: ling Name and	m. Con	lainers .	n. Total	o. Unit	
Waste Profile #	k, Exp. Date		Description	Illig Hame and	No.	Type∗	Quantity	Wt/Vol	
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			i.						
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O Les Authorized Agent Nor	me (Print)	q. Sig	nature	sporter completes IIc-e		r. Date			
ransporter's Name and Address				6 5 2 4 5 5 F					
#/3/3	43183 N. Ho Zion, Illinois 247-395-620	60000	Jual	kuy Floor	1 7		<i>-</i> ∕>		
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c. Driver Name (Print)  III. DESTINATION (Gra. Disposal Facility and Site Addrekestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named the second of Authorized Agent (Print IV. ASBESTOS (General Control of Authorized Agent (Print IV. ASBESTOS)  b. Phone: e. Special Handling Instructions and Address:  f. Friable Non-Friable OPERATOR'S CERTIFICATION: are classified packed, marked are	enerator compless: al Facility  ned material has be not) erator completes  and Additional Inform  Both Thereby declare the not labeled and are in s.	sones  2  Signatur etes Illa- een accept  f. Signatur s IVa-f a	c and Destile c. US EPA Nur WID07617  ed and to the be nd Operator  6 Friable ents of this concess in proper concess in proper concess.	nation Site completes II nber d. Discrepancy India 1008 est of my knowledge the fore completes IVg-i) c. Responsible Agency Na d. Phone:  % Non-Friable signment are fully and accurondition for transport by high	going is true going is true and Adame and Adame according to the page according to the p	ddress:	ve by proper shipp plicable internation	**************************************	



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Gene	rator complete	s la-r) l b. Manifest Docu	ment Number		c. Page	1 of	*****
		D. Waillest DOCU			V. I aye	. VI	
f. Phone:	) Seaboure Dr. 'ankegan, IL 6001 12-886-7078		e. Generator's Mailing A Sea Trac 1 S. Walk Chicago, I g. Phone:	ar Avenue, S	laite 3700		
If owner of the generating facility diffe	ers from the genera	itor, provide:					
h, Owner's Name:			I. Owner's Phone No.:				
j. Waste Profile #	k. Exp. Date	I. Waste Shi Description	pping Name and	m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol
MW 3063106004	2/22/2011		uningted w/PCB's less t		DI	21.23	TM
	12	20, 37 He W					3133
	1 //	A/IX					
GENERATOR'S CERTIFICATION: I state law, has been properly describ this waste is a treatment residue of has been treated in accordance with	ed, classified and a previously restric	packaged, and is in pr ted hazardous waste	oper condition for transport subject to the Land Disposa	ation accordi Il Restrictions	ng to app s. I certify	licable regulation and warrant that	ns: AND, if
p. Generator Authorized Agent Name		q, Signature .		-	r. Date	11/10	
	<u>enerator compl</u>	Control of the contro	nsporter completes IIc-	<b>e</b> )			**************************************
ransporter's Name and Address:  b. Phone:	KTSI 43185 N. Hwy Zice, Blinois 847-395-6202		ralking Floor				
C. Driver Name (Print)	Mr I	July of Signature	4	e. Date	Lil	10	
			nation Site completes				
a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal F 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080		c US EPA Nu WID07617	mber d. Discrepancy Ind		9:		
I hereby certify that the above named	ı material has beer	n accepted and to the b	est of my knowledge the for	egoing is true	and acc	urate.	
e: Name of Authorized Agent (Print)		Signature EL	Це,	g. Đáyế	1/10	)	
IV. ASBESTOS (Genera	tor completes I	Va-f and Operator					
a. Operator's Name and Address:			c. Responsible Agency N	amé and Add	lress:		
b. Phone:		•	d. Phone:				
e. Special Handling Instructions and	Additional Informat	ion:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I he are classified, packed, marked and is national governmental regulations.	☐ Both preby declare that the abeled and are in a	% Friable & he contents of this con- ll respects in proper co	% Non-Friable signment are fully and accur ndition for transport by high	rately describe way according	ed above g to applic	by proper shippir able internations	ng name and al and
		and an english of the					
g. Operator's Name and Title (Print) *Operator refers to the company which renovation operation or both		Signature perates, controls, or su	pervises the facility being de	i. Date molished or r	renovated	, or the demolitio	n or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{\text{NOT}}$  asbestos waste, complete Sections I, II, and III

I. GENERATOR (Gene a. Generator: US-FPA IP Number	rator complete:	s la-r)   b. Manifest Docum	nant Number		The Dage	Bake -	
d. Generator's Name and Location:			e. Generator's Malling Add		c. Page		
f Phone:	Seakorre Dr. sekepro, IL 6000	<i>\$</i>	I.S. Walker Chicago, IL		Saite 370	•	
If owner of the generating facility differ	7078 is from the generat	tor, provide:	g. Phone:		<u> </u>		
h. Owner's Name;			Comede Chahallas				
j. Waste Profile #	k. Exp. Date		I. Owner's Phone No.: oping Name and	m. Go	ntainers	n. Total	o. Unit
		Description 2		No.	Туре	Quantity	Wt/Vol
MW 3063105004	2/22/2011	CAD Consum 50ppm	minated w/PCB's less that	a i	DX	23.24	<i>W</i>
	121	4	1				
GENERATOR'S CERTIFICATION: I he state law, has been properly describe this waste is a treatment residue of a has been treated in accordance with the state of the	o, ciassilled and p previously restrict	oackaged, and is in proj led hazardous wasta sti	per condition for transportation	ion accord	ding to app	olicable regulations	A. ALID IL
Tom HAINE					ľω	1	<u> </u>
p. Generator Authorized Agent Name (		q.Signature			r. Date		
II. TRANSPORTER (Ge)  3. Transporter's Name and Address:	kuloka dagan kalikisi Malika antara bada mili	tes IIa-b and Trans	porter completes (Ic-e)			en en en en en en en en en en en en en e	
b. Phone: 7/3/3	K781 43185 N. Hwy Zion, Illinois 6 , 847-393-6202		ciny Floor				
Michael O, Mil	us (	1616	1-17	G		10	
c. Driver Name (Print) III. DESTINATION (Gene	rator complete	Signature V	ation Site completes IIId	e, Date	- Solpe		
<ul> <li>a. Disposal Facility and Site Address:</li> <li>Kestrel Hawk Recycling &amp; Disposal Facility</li> <li>1989 Oakes Road</li> <li>Racine, WI 53406</li> <li>b. Phone: (262) 884-7080</li> </ul>	cility	c. US EPA Numb WID0761710	ber* d. Discrepancy Indical	ation Space			
I hereby certify that the above named r	naterial has been	accepted and to the ber	st of my knowledge the forego	oing is trui	e and acci	urate.	
1)·13/16		(一)   <u> </u>	4c	10	IIII	O sussein	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generato	L Signature IV	gnature /	Z	g. Date			
IV. ASBESTOS (Generator a. Operator's Name and Address:	Ecompletes (v.	The second secon	c. Responsible Agency Name	e and Add	lress:		
b. Phone:			d. Phone:				
e. Special Handling Instructions and Ac		n:					
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I here are classified, packed, marked and labe	☐ Both  by declare that the	% Friable contents of this consig	% Non-Friable gnment are fully and accurated	ly describ	ed above	by proper shipping	name and
national governmental regulations.	GIGG AIR AIG III AII		Julion for dansport by highway		g to applic	adie international	ano
national governmental regulations.  Operator's Name and Title (Print)		ignature		i. Date	ig to appire	aole international	and



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

Generator's Name and Location* 1987A 99 Seabore Dr. 90 Seabore Dr.	GENERATOR (Generators USERAID Number	erator completes la-r)	n. Manifest Document Number		c. Page	l of	
Comer's Phone No:    Comer's Phone No:   Comer	Generator's Name and Location'	) Seaborse Dr. / <u>sokeges</u> , D. 60085 12-286-7078	1 S. Walker Chicago, IL g. Phone:	Avenue.	ada 3700		
Wasto Profile #	owner of the generating facility diffe	ers from the generator, pr				No.	
Wasts Profile #	ı, Owner's Name:			l m Co	ntainers	n Total	o. Unit
SENERATOR'S CERTIFICATION: I hereby cortlify that the above halfed material perfort a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classiflictly and the properly described, classiflictly and set law that the properly described is a previously issuited entire that the waste has been properly described, classiflictly and set law that the requirements of 40 CFR 268 and 1s no tonger a hazardous waste as defined by 40 CFR 261.    A	Waste Profile #	k. Exp. Date			200 00000		Wt/Vol
state law, has been properly described, classified and provide state law, has been properly described, classified hazárdous waste satisfied to the Land Disposal Restrictions. I certify and warrant that the waste has waste in treatment residue of a previously instricted hazárdous waste as defined by 40 CFR 261.  as been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.  B. Generator Authorized Agent Name (Print)	MW 3063106004	2/22/2011		1	DI	20.09	TN
state law, has been properly described, classified and provide state law, has been properly described, classified hazárdous waste satisfied to the Land Disposal Restrictions. I certify and warrant that the waste has waste in treatment residue of a previously instricted hazárdous waste as defined by 40 CFR 261.  as been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.  B. Generator Authorized Agent Name (Print)							
state law, has been properly described, classified and provide state law, has been properly described, classified hazárdous waste satisfied to the Land Disposal Restrictions. I certify and warrant that the waste has waste in treatment residue of a previously instricted hazárdous waste as defined by 40 CFR 261.  as been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261.  B. Generator Authorized Agent Name (Print)		1	MAZ				
p. Generator Authorized Agent Name (Print) TRANSPORTER (Generator completes IIa-b and Transporter completes.IIc-e)fransporter's Name and Address:fransporter's Name and Address:	state law, has been properly descri this waste is a treatment residue of has been treated in accordance wi	f a previously restricted h	ayoni ana a minana	l Doctrictio	ne I cartifi	v and warrant the	t the waste
TRANSPORTER (Generator completes IIa-b and Transporter completes. IIc-b)  TRANSPORTER (Generator completes IIa-b and Transporter completes. IIc-b)  Transporter's Name and Address:  ### 13185 N. Revy 41  ### 25185 N. Revy	Jon HAI	-(JEV)	Signature		r. Date		//»
### ### ### ### ### ### ### ### ### ##	p. Generator Authorized Agent Nati	Generator completes	lla-b and Transporter completes-lic-	e)::_		To record the proper Books (1997)	
G. Driver Name (Print)  III. DESTINATION (Generator completes IIIa-c and Destination Site completes IIId-g)  a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Facility 1989 Oakes Road Racine, WI 53406 B. Phone:  e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  b. Phone:  e. Special Handling Instructions and Additional Information:  f. □ Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name are classified, packed, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and retional governmental regulations.	iransporter's Name and Address b. Phone:	43185 N. Flory 41 Zion, Elinck: 6009	) 	T	7		
C. Driver Name (Pint)  III. DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g)  III. DESTINATION (Generator completes Illa-c and Destination Site completes Illd-g)  III. Destination Site Address:  C. US EPA Number  WID076171008  C. US EPA Number  WID076171008  III. Discrepancy indication Space:  III. Discrepancy indication Space:  WID076171008  III. Discrepancy indication Space:  III. Discrepancy indication S	1-1111-67	11. iv. 172	<u> </u>	e Date	<u>)</u>	<u> </u>	
I hereby certify that the above named material has been accepted and to the best of my knowledge the total string of the contents of this consignment are fully and accurately described above by proper shipping name are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and partional governmental regulations.	a. Disposal Facility and Site Address Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406	enerator completes I ss: Il Facility	IIa-c and Destination Site completes c. US EPA Number d. Discrepancy In WID076171008	долгон ор		Alauna	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  c. Responsible Agency Name and Address:  b. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both % Friable % Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for transport by highway according to applicable international and response of the proper condition for t	I hereby certify that the above nam	ned material has been acc	cepted and to the best of my knowledge the fo	regoing is		// )	
e. Name of Authorized Agent (Print)  IV. ASBESTOS (Generator completes IVa-f and Operator completes IVg-i)  a. Operator's Name and Address:  c. Responsible Agency Name and Address:  b. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both % Friable % Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and retional governmental regulations.	1). BYVE	4-	). Police	7/ g. Dái	<i>'≥^//</i> e		
a. Operator's Name and Address:  b. Phone:  c. Responsible Agency Name and Address:  d. Phone:  e. Special Handling Instructions and Additional Information:  f. Friable Non-Friable Both % Friable % Non-Friable  OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and regulations.	e. Name of Authorized Agent (Prin	nt)   1, Sign Prator completes IVa	f and Operator completes IVg-i)				
e. Special Handling Instructions and Additional Information:  f. ☐ Friable ☐ Non-Friable ☐ Both	a. Operator's Name and Address:		C. Hesponsiole Agency	Name and	Address:		
f.   Friable   Non-Friable   Both   Friable	e. Special Handling Instructions a	nd Additional Information:					
g. Operator's Name and Title (Print) h. Signature i. Date  g. Operator's Name and Title (Print) h. Signature i. Date  g. Operator's Name and Title (Print) h. Signature i. Date  g. Operator's Name and Title (Print) h. Signature i. Date	are classified nacked, marked an	I hereby declare that the old labeled and are in all re		urately des hway acco	cribed abo rding to ap	ve by proper ship plicable internation	ping name ar onal and
g. Operator's Name and Title (Print) h. Signature II. Date III. Da		180.			Α		
	g. Operator's Name and Title (Pri	nt) h. Sig	nature ates, controls, or supervises the facility being	demolished	l or renova	ted, or the demol	itlon or



If waste is aspestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> aspestos waste, complete Sections I, II, and III

GENERATOR (Generators 48,574 ID Number	erator completes	la-r) b. Manifest Docu	ment Number		c. Page 1	of	
Generator's Name and Location:	N Sezimue Dr. Varkegan, IL 60035 112-886-7078		e. Generator's Mailing Ad Straight I.S. Wells Chicago, I. g. Phone:	er Avesse, !	Seide 3700		
owner of the generating facility dif	fers from the generate	or, provide:					
Owner's Name:			i. Owner's Phone No.:	l m Cor	ntainers	n. Total	o. Unit
Waste Profile #	k. Exp. Date	I. Waste Sh Description	ipping Name and	No.	Туре	Quantity	Wt/Vol
MW 3063106004	2/22/2011	C&D Cons 50ppm	aminsted w/PCB's less th	1 test	מו	19.14 June	
			· ·				
GENERATOR'S CERTIFICATION: state law, has been properly desc this waste is a treatment residue of has been treated in accordance yo	Mbed, ciassilieu aliu j	Jackagou, and io	Lizza and Dienne	al Restrictio	ns I certify	v and warrant that	oplicable ns; AND, if the waste
has been treated in accordance w						5/21/	// 🤊
<i>z</i> 1		q.Signature		r, Date			
p. Generator Authorized Agent Na	Generator compl	etes IIa-b and Tr	ansporter completes lic	:-e)	· ` ` ` ` `		
ransporter's Name and Addres	S: KTSI 43185 N. Hovy Zion, Minois 847-395-6262	60099	) /	- I	<u> </u>	<del>-25-7</del> 0	<u> </u>
1000 0 11	7	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	lg/	e. Date	· /		
c. Driver Name (Print)	l d.	Signature and De	stination Site completes				
a. Disposal Facility and Site Addre Kestrel Hawk Recycling & Dispos 1989 Oakes Road Racine, WI 53406	ess: al Facility	C. US EPA WID076	171008			- Livelo	
b. Phone: (262) 884-7080  I hereby certify that the above na	med material has bee	n accepted and to th	ie best of my knowledge the	oregoing is	uue and at	( ,	
LEWA SIN EN	141 <u> </u>			g. Dat	7 4	· / W	
e. Name of Authorized Agent (Pri	nt) f.	Signature	tor completes IVa-il	[ y. Dat	9		
a. Operator's Name and Address	erator completes :	IVa-i allu Opela	tor completes IVg-i) c. Responsible Agency	Name and i	Address:		
b. Phone:			d. Phone:				
e. Special Handling Instructions	and Additional Informa	ation:					
Control Cine Exercis	Both	% Friable	% Non-Friable				
f. Friable Non-Friable OPERATOR'S CERTIFICATION are classified, packed, marked a national governmental regulation	Na ispelea sila sie ili		consignment are fully and ac r condition for transport by h	curately designway accor	cribed abo rding to ap	ve by proper ship plicable internatio	oing name and nal and
dollar Accountage (Calabata)							
	•	n. Signature		i. Dat	0		
g. Operator's Name and Title (Pi	rint)	ı, olynature	r supervises the facility being	domollohad	or renow	ted or the demoli	tion or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

Generators US EPA ID Number	-r) b. Manifest Document Number	c. Page 1 of						
Generator's Name and Location:	0 Seshorse Dr. Vankegas, IL 60085 112,886,7078	g. Phone:	Address  Res Avenues, 5 , IL 60606	lešie 3700				
owner of the generaling facility diff	fers from the generator,							
Owner's Name:	i, Owner's Phone No.:  I. Waste Shipping Name and	I. Owner's Phone No.: hisping Name and m. Containers n. Total o. Unit						
Waste Profile #	k. Exp. Date I. Waste Shipping Name a Description		No.	Туре	Quantity	Wt/Vol		
MW 3063106004	2/22/2011	C&D Contaminated w/PCB's less 50ppm	than 1	DT				
itate law, has been properly descr	ibed, classilled and pad	above named materal is not a hazardous v kaged, and is in proper condition for transp I hazardous waste subject to the Land Dispo 40 CFR 268 and is no longer a hazardous v	neal Restriction	s I certify	and warrant the FR 261.	applicable tions; AND, if hat the waste		
Tam HAINE				5/28//0				
O Lata Authorized Agent Nor	as / Dalest	g. Signature	-	r. Date				
TRANSPORTER ( Transporter's Name and Address	Generator complete	es IIa-b and Transporter completes I	llc-e)					
TRANSPORTER (Interpretation of the Interpretation of the Interpret	Generator complete s: KTBI 43185 N. Hery 41 25ca, Illinois 60 247-395-6292	es IIa-b and Transporter completes	e. Date	5 - 6	2 <i>8-10</i>			
TRANSPORTER (Interpretation of the properties of	Generator complete  KTSI  43185 N. Hwy 41  Zina, Illisois 60  447-393-6262  d. Signerator completes  ss: al Facility	inature C. US EPA Number WID076171008  We see that the completes of the complete of the comple	es IIId-g) / Indication Spa	(ce:	The same of the sa			
TRANSPORTER (Interpretation of the control of the c	Generator complete  KTSI  43185 N. Hwy 41  Zina, Illisois 60  447-393-6262  d. Signerator completes  ss: al Facility	es IIa-b and Transporter completes I  inature  IIIa-c and Destination Site complete  c. US EPA Number d. Discrepancy	es IIId-g) / Indication Spa	(ce:	The same of the sa			
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TRANSPORTER (Interpretation of Authorized Agent (Print)  DESTINATION (Grant)  DESTINATION (Gr	Generator completes S: KTSI 43185 N. Hay 4) 26a Illiands 60 247-395-6202  Generator completes ss: al Facility  ned material has been a prator completes IV	inature C. US EPA Number WID076171008  C. US EPA Number WID076171008  C. Responsible Agence d. Phone:	e, Date es IIId-g) / Indication Spa e foregoing is to	rue and ac	The same of the sa			
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TRANSPORTER (Interpretation of the properties of	Generator completes:  KTSI  43185 N. Hary 4)  Zina, Illianois 60  447-393-6202  d. Signature of the signatur	inature C. US EPA Number WID076171008  C. US EPA Number WID076171008  C. Responsible Agent d. Phone:  Of Friehle  2. Non-Friehle	es Illd-g) / Indication Spa e foregoing is to g. Date	rue and ad	curate.			
TRANSPORTER (Interpretation of the property of	Generator completes  KTSI  43185 N. Hay 41  Zina, Illisois 60  447-393-6312  Line enerator completes  ss: al Facility  Ind Additional Information  Both  I hereby declare that the diabeled and are in all	inature Illa-c and Destination Site complete c. US EPA Number WID076171008  Coccepted and to the best of my knowledge the carf and Operator completes IVg-i) c. Responsible Agence d. Phone:	e, Date es IIId-g) / Indication Spa e foregoing is to g. Date	rue and ac	ocurate.	ipping name a		
TRANSPORTER (Interpretation of the properties of	Generator completes S: KTSI 43185 N. Hay 4) 2502, Illinois 60 247-395-6202  d. Signator completes ss: al Facility  med material has been a  nt)  I. Signator completes IV  and Additional Information  Both I hereby declare that the nd labeled and are in all s.	inature C. US EPA Number WID076171008  C. US EPA Number WID076171008  C. Responsible Agent d. Phone:  """  """  """  """  """  """  """	e, Date es IIId-g) / Indication Spa e foregoing is to g. Date	rue and address:	ocurate.	ipping name a		



if waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

Generatore LIEVERAND Number					c. Page 1 of					
Generator's Name and Location:	78EPA O Seahorse Dr. Vanksgan, E. 60085 112-886-7078		e. Generator's Mailing Address 1 S. Walter Chicago, IL g. Phone:	Avenue, S	eite 3700					
Phone: 3 nowner of the generating facility diff	ters from the generator,	provide:								
Owner's Name:			i. Owner's Phone No.:	m Cor	ntainers	n, Total	l o. Unit			
Vaste Profile #	k, Exp. Date	I. Waste Ship Description	ping Name and	No.	Type	Quantity	Wt/Vol			
MW 3063106004	2/22/2011	C&D Cords 50ppm	minated w/PCB's less that	a 1	DT	25.CL				
					and the second					
			La contraction to the second s	on define	od by 40 C	SEB 261 or any a	pplicable			
ENERATOR'S CERTIFICATION: tate law, has been properly descr ils waste is a treatment residue c as been treated in accordance w	ribeo, ciassilieu aliu pa	ynugyu, m	The same and Disposal	Doctriction	ne I certif	v and warrant tha	ns; AND, if It the waste			
-Ton 11/	1 ti~( (	a Signature		gar.	r. Date	<u>) / 2 8</u>	// 3			
Generator Authorized Agent Nat	Generator complet	es Ila-b and Trai	nsporter completes lic-e	<b>)</b>						
Phone: 4313 Michael G	43185 N. Hwy 4 Zion, Blincis 60 847-395-6202 , CUUS	1099	4	e, Date	Action to the contract of the	78	<u>S.</u>			
Dienosal Facility and Site Addre	enerator completes	s IIIa-c and Dest c. US EPA No	ination Site completes I umber d. Discrepancy Indi	IId-g) cation Spa	ace:					
(estrel Hawk Recycling & Disposi 1989 Oakes Road Racine, WI 53406			71008							
lestrel Hawk Recycling & Disposi 989 Oakes Road Racine, WI 53406				egoing is t	rue and a	ccurate.				
Kestrel Hawk Recycling & Dispositions (1989 Oakes Road Racine, WI 53406 ob. Phone: (262) 884-7080 hereby certify that the above national control of the cont	med material has been	accepted and to the		egoing is t	9	ccurate.				
Kestrel Hawk Recycling & Dispositions (1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above name of Authorized Agent (Print IV. ASBESTOS (Genual Operator's Name and Address	med material has been hit) f.S. erator completes IV	accepted and to the	best of my knowledge the fore	g. Dat	e	courate.				
Restrel Hawk Recycling & Disposing Bay Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 hereby certify that the above nained and Address B. Name of Authorized Agent (Prince)  B. Name of Authorized Agent (Prince)  B. Operator's Name and Address  B. Phone:  B. Special Handling Instructions and Address	med material has been  int) f.s erator completes IV :	accepted and to the ignature //a-f and Operato	best of my knowledge the fore  or completes IVg-i)  c. Responsible Agency No.  d. Phone:	g. Dat	e Address:	<u>, , , , , , , , , , , , , , , , , , , </u>				
Kestrel Hawk Recycling & Dispositions 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above nate in the language of Authorized Agent (Prince) IV. ASBESTOS (Gen.)	med material has been  int)  f.S  erator completes IV  and Additional informati  Both I hereby declare that the indicabeled and are in a	accepted and to the gnature /a-f and Operato on:	best of my knowledge the force  or completes IVg-i)  c. Responsible Agency Nowledge the force d. Phone:	g. Dat	e Address:	, , , , , , , , , , , , , , , , , , ,	ping name a			
Kestrel Hawk Recycling & Dispositions (1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080  I hereby certify that the above nate. Name of Authorized Agent (Priliv. ASBESTOS (Genta. Operator's Name and Address b. Phone:  e. Special Handling Instructions of OPERATOR'S CERTIFICATION: are classified, packed, marked a	med material has been  int)  1. S erator completes I\ :  and Additional Informati  Both : I hereby declare that tr ind labeled and are in al	accepted and to the lignature //a-f and Operato on:  % Friable the contents of this coll respects in proper	best of my knowledge the force or completes IVg-i)    c. Responsible Agency Nowledge the force or completes IVg-i)    d. Phone:    % Non-Friable on signment are fully and accurate or condition for transport by high	g. Dat	Address:	we by proper ship				



If waste is asbestos waste, complete Sections I, II, III and IV If waste is <u>NOT</u> asbestos waste, complete Sections I, II, and III

GENERATOR (Gen	erator completes la	ı-r) b. Manifest Docum	ent Number		c. Page	1 of			
d. Generator's Name and Location: USEPA 90 Sealouse Dr. Waskegas, II. 60065 1.2.886.7078		e, Generator's Mailing Add Set Tree 1 S. Walker Claimson, IL g. Phone;		Avenue, Suite 3700					
If owner of the generating facility dif		provide:				No.			
h. Owner's Name:			i. Owner's Phone No.:						
j. Waste Profile #	k. Exp. Date	op. Date  I. Waste Shipping Name and Description		m. Con No.	tainers Type	n. Total Quantity	o. Unit Wt/Vol		
MW 3063106004	2/22/2011	C&D Contain 10ppm	oinsted w/PCB's less then	1	DΪ	20.31	TN		
		*** **********************************	±		,		and the second s		
		1 1 1	1		į				
GENERATOR'S CERTIFICATION: state law, has been properly descr this waste is a treatment residue o has been treated in accordance wi	ibed, classified and pac f a previously restricted	kaged, and is in pro	per condition for transportation	on accord estriction	ing το app s. I certify	nicable regulation and warrant that	IS, AIND, II		
p. Generator Authorized Agent Nam	~) <u>*</u>	g. Signature			r. Date	-1/	<u>/</u> S		
TRANSPORTER ((	Renerator complete		sporter completes (lc-e)						
b. Phone:	KT01 43185 N. Hory 41 Zion, Illinois 600 847-395-6202	MA A	L.	<u> 5</u>	<del>-</del> 78	-10			
c, Driver Name (Print)	gt∕Sig	nature 💉	//	e. Date					
a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080	ss:   Facility	c. US EPA Nun WID076171	9008	tion Spac		en provincia			
I hereby certify that the above nam	ed material has been ag	ccepted and to the b	est of my knowledge the foreg	oing is tru	e and acc	:urate.			
D. Brie	<u> </u>	D. Bry	<u>C</u>	5/	28//	<u>O</u>			
e. Name of Authorized Agent (Print IV. ASBESTOS (Gene	) [f, Sigi	nature //	completes IVa-i)	g. Date					
a. Operator's Name and Address:	ator completes iva	<u>Prand Operator</u>	c. Responsible Agency Nam	ne and Ad	ldress:		Y.		
b. Phone:			d. Phone:			<u> </u>			
e. Special Handling Instructions an	d Additional Information	li.	1987						
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I are classified, packed, marked and ational governmental regulations.	l labeled and are in all r	% Friable contents of this cons espects in proper co	% Non-Friable signment are fully and accurate ndition for transport by highwa	ely descri y accordi	bed above ng to appl	i by proper shippir icable internations	ng name and al and		
) I									
g. Operator's Name and Title (Prin	) h. Sig	gnature	aw isaa tha faellity balan dam	i. Date	. ranausia	d or the demolitie	n or		
*Operator refers to the company w	nich owns, leases, oper	ares, controls, or suf	retvises into lacility being dem	O Dalletió	16110Vale	a, or are actional	aı VI		



If waste is asbestos waste, complete Sections I, II, III and IV If waste is  $\underline{NOT}$  asbestos waste, complete Sections I, II, and III

GENERATOR (Genera	itor compl	etes la-	r)					
Jeneralar AUS FRAID Number			b. Manifest Docum	ent Number		c. Page	1 of	
Va	PA eshorse Dr. kegan, IL 6 -886-7078	0085		e. Generator's Mailing Add Sat Inc. I S. Walker Chicago, IL. g. Phone:	Averes, 5	Solde 3700		
If owner of the generating facility differs		nerator, p	provide:					
h. Owner's Name:				i. Owner's Phone No.:				
j. Waste Profile # k. Exp. D.		ate	I. Waste Shipp Description	oing Name and	m. Con No.	tainers	n. Total	o. Unit
	2/22/2011 CI		Description		NO.	Type	Quantity	Wt/Vol
MW 3063106004			C&D Content 50ppsu	ainsted w/PCB's less tha	. 1	DT		
GENERATOR'S CERTIFICATION: I he state law, has been properly described this waste is a treatment residue of a phas been treated in accordance with the	i, classified a previously res	and pack stricted h	aged, and is in prop azardous waste su	per condition for transportati bject to the Land Disposal F	on accord Restriction	ing to app s. I certify	licable regulati and warrant th	ons; AND, if
Ton HATWI						C	5/28/	/>
p. Generator Authorized Agent Name (F	and the same of the firm of the same of th	and the second or a second section is	. Signature	sastas apeceletes (la a)		r. Date	1 /	2
TRANSPORTER (Gen ransporter's Name and Address:	No proposition (Co.)	npieles	na-p ang nans	poner completes (ic-e)		30 Ma		
	KTSI 43185 N. F	fwv 41						
	Zice, Illiac	di 6009	9 , .					
b. Phone:	847-393-6.	102   _	1 811	<i>H</i>	ı — 🧲	-	8-10	
Cary O'W			197 CM	<u>U</u>	>		0 14	
c. Driver Name (Print) // III. DESTINATION (Gener	ator comp	d. Sign์ letes II		ation Site completes III	e. Date d-a)			
a. Disposal Facility and Site Address: Kestrel Hawk Recycling & Disposal Fac 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080			c. US EPA Num WID076171	ber d. Discrepancy Indica		<b>9</b> :		
I hereby certify that the above named n	naterial has b	een acc	epted and to the be	st of my knowledge the foreg	oing is tru	e and acc	urate.	
e. Name of Authorized Agent (Print)		f. Signa			g. Date			
IV. ASBESTOS (Generato a. Operator's Name and Address:	r complete	es iva-i	and Operator c	ompletes IVg-I) c. Responsible Agency Narr	a and Ade	Iraec:		
				or receptionic Agono, (tall	ie and Ad	A1GGG.		
b. Phone:	22.2			d. Phone;				
e. Special Handling Instructions and Ad	ditional Infor	mation:						
	☐ Both		% Friable	% Non-Friable				
OPERATOR'S CERTIFICATION: I herel are classified, packed, marked and laber and contain a governmental regulations.	oy declare the eled and are	at the co in all resp	ntents of this consid	inment are fully and accurate	ely describ y accordin	ed above g to applic	by proper shipp able internation	oing name and nal and
g. Operator's Name and Title (Print) *Operator refers to the company which	oums losses	h. Signa		nilogo the facility Later 1	i. Date		2246	
renovation operation or both	umiia, itaata	, vpeialt	a, comuns, ur supe	i vises the lacility being demo	AISTIEC OF I	enovated	, or the demolit	ion or



If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

nevators US EPA ID Number				Number c. Page 1 of					
i. Generator's Name and Location:	20 Seaborre Dx. Weekspan, D., 60065 812-886-7078	g. Phone:	e. Generator's Mailing Address  1 S. Walker Avenue, Saile 3700  Chicago, TL 60506  g. Phone:						
f owner of the generating facility dil	ters from the generator, p								
h. Owner's Name: i. Waste Profile #	k, Exp. Date	i, Owner's Phon ii. Waste Shipping Name and							
	The state of the s	Description	No.	Type	Quantity	Wt/Vol			
MW 3063106004	2/22/2011	CAD Contaminated w/PCB* 50ppm	s less than 1	DT	21.39	TN			
					<b>1</b>				
		Man							
state law, has been properly descr this waste is a treatment residue o has been treated in accordance wi	ibed, classified and/pack f a previously restricted to the the requirements of 40	above named materal is not a hazard aged, and is in proper condition for t nazardous waste subject to the Land OCFR 258 and is no longer a hazard	ransportation accord Disposal Restriction	ing to apples. I certify I by 40 CF	licable regulation and warrant that	s; AND, if			
<i>AROL MISSED OF</i> p. Generator Authorized Agent Nam	te (Print) q	Signature		O S r. Date	14//10				
nsporter's Name and Address b. Phohe:	KTBI 43185 N. Hery 41 Zice, Illisoir 6000 847-395-6202	8 4 4 3		<del>-</del> , - <del>-, -,</del>	<del>-7 ×</del> c	· )			
c. Driver Name (Print)	// ) gr. Signe	afure -	ہر e, Date						
III. DESTINATION (Ge a. Disposal Facility and Site Addres Kestrel Hawk Recycling & Disposal 1989 Oakes Road Racine, WI 53406	s: ' '	la-c and Destination Site com c. US EPA Number d. Discrep WID076171008	pletes IIId-g) ancy Indication Spac	<b>8</b> :					
b. Phone: (262) 884-7080  I hereby certify that the above name	ed material has been acc	epted and to the best of my knowledg	e the foregoing is tru	e and acci	ırate.				
e Name of Authorized Agent (Print			S/07 // O g. Date						
IV. ASBESTOS (Gener a. Operator's Name and Address:	ator completes Iva-1	and Operator completes IVg- c. Responsible A	I) gency Name and Ad	lress:					
b. Phone:		d. Phone:	<b>\$</b> @ano						
e. Special Handling Instructions and	d Additional Information:	h M							
f. Friable Non-Friable OPERATOR'S CERTIFICATION: I I are classified, packed, marked and national governmental regulations.	□ Both ○ ↓ ↓ nereby declare that the collabeled and are in all res	% Friable % Non-Fri	nd accurately describ	ed above i g to applic	by proper shippin able international	g name and and			
<u> </u>									
g. Operator's Name and Title (Print	)   h. Sign:	ature	i. Date						



renovation operation or both

#### **NON-HAZARDOUS SPECIAL WASTE & ASBESTOS MANIFEST**

If waste is asbestos waste, complete Sections I, II, III and IV If waste is NOT asbestos waste, complete Sections I, II, and III

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MIST 312-2 WOLK Floor

GENERATOR (Generator completes la-r) c. Page 1 of b. Manifest Document Number energioro HGFRAID Number d. Generator's Name and Location: e. Generator's Mailing Address 1 S. Walker Avesses, Strike 3700 90 Seaborse Dr. Chicago, IL 60616 Westegen, IL 60085 g. Phone: f. Phone: 312-886-7078 If owner of the generating facility differs from the generator, provide: i. Owner's Phone No.: h. Owner's Name: m. Containers n. Total o. Unit I. Waste Shipping Name and k. Exp. Date i. Waste Profile # Wt/Vol Туре Quantity Description No. (&D Contaminated w/PCB's less that 2/22/2011 MW 3063106004 Oppos GENERATOR'S CERTIFICATION: I hereby certify that the above named materal is not a hazardous waste as defined by 40 CFR 261 or any applicable state law, has been properly described, classified and packaged, and is in proper condition for transportation according to applicable regulations; AND, if this waste is a treatment residue of a previously restricted hazardous waste subject to the Land Disposal Restrictions. I certify and warrant that the waste has been treated in accordance with the requirements of 40 CFR 268 and is no longer a hazardous waste as defined by 40 CFR 261. HOL NISSON OF SULTRACION US q. Signature p. Generator Authorized Agent Name (Print) TRANSPORTER (Generator completes IIa-b and Transporter completes IIc-e) ansporter's Name and Address: 43123 N. Hwy 41 Zios Minnis 6069 847-395-6202 b. Phone: e. Date d. Signature c. Driver Name (Print) **DESTINATION** (Generator completes IIIa-c and Destination Site completes IIId-g) d. Discrepancy Indication Space: a. Disposal Facility and Site Address: c. US EPA Number Kestrel Hawk Recycling & Disposal Facility WID076171008 1989 Oakes Road Racine, WI 53406 b. Phone: (262) 884-7080 I hereby certify that the above named material has been accepted and to the best of my knowledge the foregoing is true and accurate. e. Name of Authorized Agent (Print) f. Signature ASBESTOS (Generator completes IVa-f and Operator completes IVq-i) c. Responsible Agency Name and Address: a. Operator's Name and Address: d. Phone: b. Phone: e. Special Handling Instructions and Additional Information: % Non-Friable f. Friable ☐ Non-Friable □ Both % Friable OPERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations. I. Date h. Signature g. Operator's Name and Title (Print) \*Operator refers to the company which owns, leases, operates, controls, or supervises the facility being demolished or renovated, or the demolition or